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Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

MINERAL WOOL AS A DRESSING FOR WOUNDS.

BY DAVID PRINCE, M. D.

Three qualities are desirable, viz., (1) readiness to take up liquids; (2) capability of retaining them; (3) freedom from any irritant or poisonous property in themselves or in what they may be contaminated with.

In a visit to the exhibition, in Chicago last June, of the appurtenances of railroads, my attention was attracted to mineral wool as a substance which might be utilized in the treatment of wounds.

On arriving home I put the substance to the following test for its absorbent property: A column of the mineral wool, ten inches or twenty-five centimeters high, was supported on a pasteboard slightly inclined; another column of inferior grade of mineral wool having greater weight was arranged along side of it; a similar column of absorbent cotton was arranged upon the same pasteboard. They were set in a bowl of diluted ink. The top of the column of the better grade was reached in thirty minutes, while the top of the inferior heavier grade was reached in thirty-three minutes. The rise of the ink in the absorbent cotton was very slow, and at the end of two days it had reached

the height of four centimeters. (One and nine sixteenths of an inch.)

A column of patent lint was afterward tested, and in twenty-four hours the ink had only ascended thirteen millimeters. (Millimeter equals five eighths of an inch.)

This observation was made with Arnold's ink. When Thomas's ink was employed the coloring matter was completely filtered out by the mineral wool and only the colorless fluid ascended. In the observation with the mineral wool the first two and a half centimeters was passed in five seconds.

I corresponded with N. D. A. Parrott, Esq., Superintendent of the United States Mineral Wool Company, No. 22 Cortlandt Street, New York, who gave me the following information in relation to this substance: ". . . In its composition, mineral wool is essentially a silicate of lime, magnesia, and alumina. Generally we have for treatment a neutral slag, or one in which the silica about equals the bases. There are also small per centages of potash and soda, but we are not positive in what combination they exist. A content of about four per cent of sulphide of calcium renders the mineral wool unsuitable for use where contact may be had with weak acids, because, owing to the extreme tenuity of the fiber or thread, it is readily soluble in them with the evolution of sulphuretted hydrogen."

The mineral wool has now had a trial of six months as an absorbent dressing for wounds and it has met all that was expected. Its absorbent power exceeds any substance with which I am acquainted, and its cost makes it as cheap as any other material.

The poorer and heavier quality, weighing about twenty-four pounds to the cubic foot, costs one cent per pound. The better and lighter quality, weighing about fourteen pounds to the cubic foot, costs three cents per pound.

It is believed that the absorbent property of mineral wool needs only to be known to bring it into general use as a surgical dressing.

It can be baked before using to drive off any suspected gas-

eous contamination, and it can be made the receptacle of any antiseptic substances. It has no long fibers by which it will hang together in much quantity, and it may for some uses require to be supported by cotton or tow or jute on its exterior for convenience of application.

JACKSONVILLE, ILLINOIS.

FOREIGN BODIES IN THE AIR-PASSAGES: TWO CASES.

BY W. M. FUQUA, M. D.

When a foreign body in the air-passages can not be expelled spontaneously, the rule laid down by surgical authors with scarcely an exception is that it should be removed, if possible, by an operation. With almost equal unanimity it is held that this should be performed at once. Both these views were challenged in an exhaustive review of the subject before the American Surgical Association, in 1883, by Dr. J. R. Weist, of Richmond, Ind. He based the challenge on a collection of one thousand cases, nine hundred of which were then published for the first time. From this vast array of cases, gathered at great expense of time and labor, Dr. Weist has formulated certain conclusions which, though diametrically opposed to the time-worn tenets of the surgical code, surely demand a respectful hearing and thoughtful study on the part of all practicing surgeons. As the formulas suggested by Dr. Weist have not, I think, had the publicity their importance merits, I transcribe them here. I shall then give a very brief report of two cases of tracheotomy, one of which, at least, will suggest that there should be a more definite and specific understanding as to what constitutes "dangerous symptoms" when foreign bodies are in the air-passages:

1. When a foreign body is lodged either in the larynx, trachea, or bronchia, the use of emetics, errhines, or similar

means should not be employed, as they increase the sufferings of the patient, and do not increase his chances of recovery.

2. Inversion of the body and succussion are dangerous, and should not be practiced unless the windpipe has been previously opened.

3. The presence simply of a foreign body in the larynx, trachea, or bronchia, does not make bronchotomy necessary.

4. While a foreign body causes no dangerous symptoms, bronchotomy should not be performed.

5. While a foreign body remains fixed in the trachea or bronchia, as a general rule, bronchotomy should not be practiced.

6. When symptoms of suffocation are present, or occur at frequent intervals, bronchotomy should be resorted to without delay.

7. When the foreign body is lodged in the larynx, there being no paroxysms of strangulation, but an increasing difficulty of respiration from edema or inflammation, bronchotomy is demanded.

8. When the foreign body is movable in the trachea, and excites frequent attacks of strangulation, bronchotomy should be performed.

My two cases are:

Case I. May, 1883, I was called to consult with Dr. Jackson in the case of a girl, five years old, who had gotten a grain of corn in her windpipe thirty-six hours before. The child was small, exceedingly frail, and had been sick all the preceding winter. Her distress was slight and had been, though she had occasional attacks of cough and dyspnea. We advised tracheotomy, but the parents could not yield their consent to the operation until so late in the afternoon that the work would have required to be done by the dim light of a lamp. The difficulty of breathing being really but little, Dr. Jackson and I thought we exposed the patient to no risk by waiting for the return of daylight before attempting to open the windpipe. Very early next morning word came that the child was dead from suffocation.

I have many times since regretted that I had not proceeded

with the operation the evening before, even in the insufficient light at hand.

Now, was this case, just as I have stated it, one which is covered by Dr. Weist's fourth conclusion? Were the symptoms dangerous at the time Dr. Jackson and I decided to wait? We certainly did not so regard them; but they just as certainly became so afterward, for by morning the child had suffocated. It is on just this point—the danger point—that we need light.

Case II. In January last, James West, a lad of thirteen years, trudging through the snow, rabbit hunting, put a cockle-burr in his mouth, and, almost immediately after, it was drawn into his windpipe. In an instant he was seized with extreme coughing and dyspnea, and it was with great difficulty that he reached his home. His breathing now grew comparatively easy, and, except in coughing attacks, which were not frequent, he suffered but little. Continuing, however, unrelieved for ten days, I was sent for. I found the patient nervous, with anxious expression, had slept but little, without appetite, pulse 120, whispering voice, and frequent paroxysms of suffocative cough. The character of the voice led me to think the burr lay immediately below the vocal cords. Gentle pressure at this point caused the patient to feel, as he said, the prick of the burr.

Assisted by Drs. Feland and Jackson, I at once did tracheotomy and removed the foreign body. Relief was instantaneous, and in ten days the wound had healed.

Since writing the foregoing, my venerable friend, Dr. W. N. Gaither, for forty-three years an active practitioner of medicine, has kindly furnished me brief details of the four following cases, which were relieved without the knife, and three of them, at least, by a means condemned in the second section of Dr. Weist's summary:

Case I. A lad, aged ten years, got a shingle-nail in his windpipe, causing violent cough, dyspnea, and some hemorrhage. I at once made ready for tracheotomy, but before undertaking it

I had the patient's body everted—his head on the floor, and his feet held in the air by an assistant. The cough became excessively violent, and in a moment the nail was expelled. Recovery perfect.

CASE II. A girl, aged eight years, got a grain of corn in her trachea. She, too, was quickly relieved by the same means used in Case I.

CASE III. An infant, of ten months, got a grain of coffee in her windpipe. After coughing very violently and suffocating almost to death, the coffee was expelled.

CASE IV. A boy, aged fifteen years, drew into his larynx a bit of dried ginger-root, larger than a buckshot, which gave rise to the usual symptoms. I did not see the case for several months after the accident. The patient had lost much flesh, suffered from frequent and violent cough, accompanied by copious muco-purulent expectoration and followed by distressed breathing. In his more violent coughing spells the patient was sensible of the ginger striking against the walls of the trachea. I prepared for opening the trachea, but before doing so thought to have the patient try the plan which had relieved Cases I and II. He reluctantly yielded, and only in so far as to put his head and shoulders on the floor while he kept his legs and hips in bed. A violent spell of coughing now ejected the ginger, and in a short time the boy entirely regained his health.

"I do not," Dr. Gaither added, "wish to be thought an opponent to tracheotomy, but would simply say that, governed by my own very limited experience, I should, I think, always try inversion of the body and succussion *before* doing tracheotomy.

HOPKINSVILLE, KY.

[In order to add to the interest of the very important subject introduced by our valued contributor, we venture to copy the remarks made by several members of the Association at the conclusion of Dr. Weist's able paper.—ED. AM. PRAC.]

Dr. H. F. Campbell, of Augusta, Ga., said: I have had four or five cases of tracheotomy. In three of them grains of corn

were the foreign bodies; in another the foreign body was a watermelon-seed. The parents refused an operation, and the child died of pneumonia. In the three cases in which I operated, two recovered. In the first the grain of corn was removed at the time of operation. In the second case the grain of corn came away on the second day after the operation, while the child was lying in bed. These recovered. My third case, which would appear to confirm the opinion that we should not be too ready to operate for a movable foreign body in the trachea, was a boy eight or ten years old. The grain of corn had lodged in the larynx and was movable. I was guided by the rule that a foreign body in the larynx must be removed. There was considerable bleeding at the time of the operation. The foreign body was not extruded. I left the boy in the care of his father, a physician, the grain of corn still moving during the acts of respiration, and appearing at the opening. In order to favor expulsion of the foreign body, I inverted the child. I discovered that this produced great turgescence of the vessels of the neck and caused bleeding; I therefore desisted. Subsequently during an attack of suffocation, which the father attempted to relieve by inverting the child, blood immediately began to flow, and death ensued. The bleeding was not sufficient in itself to cause death; combined with the impeded respiration it caused a fatal result.

One of the most interesting cases of tracheotomy which I have seen was that performed for the removal of a nail which had become lodged, head upward, in the left bronchus. In order to remove it, an opening was made in the trachea, a pair of long forceps was introduced, and the nail extracted through the opening.

Dr. J. Ewing Mears, of Philadelphia, said: The conclusions presented by Dr. Weist will, I believe, be accepted as correct. I can add two cases to those which have been reported by him. In the first, the foreign body, a piece of sponge, lodged in the larynx while I was performing the operation of excision of the tongue. As an assistant was passing a sponge into the pharynx,

the sponge became detached from the holder and was lodged in the larynx. Asphyxia at once supervened, tracheotomy was immediately performed by plunging the knife directly into the trachea. The sponge was removed by pushing it up into the pharynx. The patient died, but I can not say that the tracheotomy contributed to the result.

A boy, eleven or twelve years old, presented grave symptoms of pulmonary disease, and was rapidly declining in health. One day he fell out of a swing, striking on his head, and there was found upon the ground at that spot, a penny which had been expelled from the bronchus. The pulmonary symptoms disappeared, and the child's health was rapidly restored.

Dr. C. B. Nancrede, of Philadelphia: In considering the greater mortality of operative interference over letting cases alone, I would ask, May not error arise from the pre-existent broncho-pneumonia set up by the foreign body; are not those cases only operated upon where recovery has not followed the letting-alone treatment; and where prior inflammatory troubles have been set up, has not the fatality of the operation been due to these complications? We know how fatal tracheotomy was in pseudo-membranous laryngitis, chiefly from avoidable complications, before the introduction of some means by which the dust in the air could be kept from the air-passages, and also by which the natural moistening of the air could be accomplished. Now, by the use of gauze—not carbolized—and by moistening the air, we all know that the success is much greater, thereby proving that the operation *itself* is not a source of much danger.

Dr. Weist: I have attacked a rule which is laid down in every surgical work that I know of. I come here with nearly nine hundred new cases, in order to test whether or not that rule is still correct. I think my facts and conclusions have not been disputed, because they have been presented in such a way as to show that the testimony in favor of non-interference in certain cases overbalances that in favor of the old surgica

views. If this is true, I am satisfied that my labor has been well spent. I have repeatedly performed this operation for foreign bodies in the air-passages, and for croup, but I should be glad if I never had to perform the operation again. In answer to the questions propounded I would say, that if cases were operated upon immediately, or very soon after the introduction of the foreign body, before the occurrence of inflammation, statistics would undoubtedly show a larger percentage of recoveries than is found in my collection, which is made up of cases operated upon at varying times after the accident. But any error that may arise in the conclusion from this is certainly offset by the fact that in patients in whom spontaneous expulsion occurred the average time before expulsion would greatly exceed the average time before the operation was performed. Cases have been reported in which twenty years have elapsed.

POST-PARTUM HEMORRHAGE.*

BY S. D. PRICE, M. D.

The importance of post-partum hemorrhage can not be overestimated. The suddenness with which it sometimes occurs, the alarming symptoms which it produces, the dangers to which it exposes the patient, and the promptness with which the medical attendant must act, often alone and without assistance, renders a knowledge of it of the greatest moment.

It is well, therefore, that the subject should be occasionally reviewed, and its causes examined afresh, that its treatment may not only be definitely fixed, if this be possible, but also arranged in such shape that it may be always available at a moment's warning.

Post-partum hemorrhage has been well defined as a "hemorrhage from any of the parturient structures, after the child has

*Read before the Central Kentucky Medical Association, January, 1884.

been expelled and before they have returned to their condition prior to fecundation, or as nearly to that condition as they are capable of." It may be primary or secondary—primary, when occurring within six hours after delivery; secondary, when taking place from the sixth hour to the end of the fourth week. This, though an arbitrary division, is convenient for practical purposes.

The hemorrhage may take place after the birth of the child and before the delivery of the placenta, or after the expulsion of the placenta. In breech presentations, when the head has become arrested, it may occur before the delivery of the child. The hemorrhage may be slight, recurring at short intervals; or the blood may pour forth in torrents, quickly bringing the patient to the point of death. The symptoms are self-evident, and are such as the loss of blood from any cause produces. Whether mild or severe will depend upon the amount of blood lost. The intelligent and careful attendant, I need hardly say, will seldom be caught unawares by sudden hemorrhage.

The causes of post-partum hemorrhage are numerous. A knowledge of these is necessary to its proper and successful treatment. I shall therefore be excused for detailing them at length.

The great primary cause is uterine inertia, and this inertia is favored by the exhaustion which so often follows protracted labors; by over-distension from excessive amount of liquor amnii, or multiple pregnancies. Women who are exhausted by previous disease, or who have borne many children, or who live in a warm and enervating climate are more or less predisposed to atony of the uterus. Irregular or spasmodic contractions, morbid adhesion of placenta, retained portions of placenta or membranes, fibroids in uterine walls, polypi in the cavity of uterus, retention of coagula, inversion, each, having a tendency to interfere with tonic uterine contraction, often induce hemorrhage. Rupture of the uterus, laceration or ulceration of the cervix, and uterine cancer are also frequent causes. Lesions of the vagina or vulva, ruptured perineum, deficient involution, sudden emotions, rigors, over-exertion causing uterine congestion, an over-loaded stomach, constipation, distended bladder, peritoneal adhesions

interfering with the proper contraction of the uterus, are also recognized as among its causes. Malaria is said by good authority to be an occasional cause. Some women, owing to hemorrhagic diathesis, are specially prone to post-partum hemorrhage. The use of chloroform in labor increases the risk of hemorrhage among women so predisposed either by diathesis or by a depressed condition of the system from disease or otherwise.

Hemorrhage from the various causes enumerated varies in its degree of danger. When due to inertia it is generally sudden and profuse and its results are greatly to be dreaded. I hardly need say that some patients make rapid and complete recovery from serious hemorrhage, while others are long in getting over its effects.

Before proceeding to the treatment I will relate a few cases which have come under my observation:

CASE I. Had borne seven children. Her eighth labor was easy and rapid, the child being born a few minutes after I had entered the room. The placenta was expelled immediately after the birth of the child, and the womb contracted well. After having given the child the necessary attention, which occupied only a short time, I found on examination the uterus distended and reaching to the umbilicus. Compression with the hand induced firm contraction, forcing out a large quantity of blood. Fluid extract ergot (two drams) was administered; the uterus remained tonically contracted, and convalescence was rapid.

CASE II. Of nervous temperament. Had borne four children. Fifth labor normal. Had chloroform to unconsciousness toward close of second stage, and fluid extract ergot (two drams) as soon as child was born. The placenta was expelled in ten minutes by Crede's method. The uterus soon relaxed and became filled with blood. Compression caused tonic contraction. Repeated ergot, and hemorrhage did not recur.

CASE III. Healthy and well developed. Her sixth labor commenced at noon. Was called at four P. M. Head engaged, R. O. P.; os fully dilated. Pains weak and at long intervals.

Six P. M: No advance. Nine P. M: Head has advanced a little,

Forceps applied with difficulty. The pains now became somewhat stronger. Traction during the pains, but without effect. Ten P. M: Pains very weak and at long intervals. Forceps again applied, but without result.

Eleven P.M: The patient began to show signs of exhaustion. Reapplied forceps, and effected delivery in ten minutes. The child was living, and weighed fourteen pounds. The cord was tied and cut. A gush of blood so copious as to flood the bed and run down on the floor now occurred. Grasping the uterus with my left hand, I found relaxation complete. The right hand was quickly carried into the uterine cavity, and the placenta, which was detached, and the coagula removed. The hand was re-introduced, and the womb kneaded internally while the left hand still grasped it externally. This maneuver produced only momentary contractions. With each relaxation there was a fearful gush of blood. The patient was now blanched and pulseless at the wrist, and fainted. Her head was lowered by being pulled over the edge of the bed, her legs raised and held in that position until she revived. Ice was ordered, but half an hour was consumed in getting it. In the meanwhile the hemorrhage had been partially controlled by the means used, with the addition of making firm compression of the aorta externally. As soon as the ice came a large piece was carried to the fundus of the womb, and other pieces were applied to abdomen. This excited only temporary contraction. The hemorrhage became quite free again, and the patient had fainting "fits" in rapid succession. At twelve o'clock, fifty minutes after delivery, the inertia was complete and the discharge of blood copious, and death seemed imminent. Dr. Thompson was now called, and arrived in one hour, with solution perchlo. iron, tincture iodine, and a Davidson's syringe. He compressed the aorta while I carried the nozzle of the syringe (my right hand remaining within the uterine cavity) to the fundus of the womb, and injected slowly two ounces of tincture of iodine diluted with an equal quantity of water. A firm contraction followed, but it was of short duration. Frequent relaxations with slight discharges of blood took

place during the next half hour. They were, however, overcome by compression. There were now several free gushes of blood in rapid succession, and complete relaxation again threatened. My hand was still within the uterine cavity. The nozzle of the syringe was again carried to the fundus, and a mixture composed of solution perchloride iron one half ounce, water one and a half ounces, slowly injected. Tonic contraction immediately ensued. The hemorrhage ceased, and did not recur. One fourth grain of morphine and one ounce of brandy were now administered. Twelve hours after delivery the uterus was firmly contracted and the patient was resting quietly. Pulse 130, weak; respiration 20; temperature 97° F. She was ordered quinine every six hours till four doses had been taken, half an ounce of brandy every two hours, and carbolized vaginal injections three times a day. Eighteen hours after delivery the pulse numbered 132, respiration 24, and temperature was 102½° F. From this time the pulse, respiration, and temperature declined, and the patient began to improve. On the night of the fourth day she had a slight chill followed by some fever, and an abundant flow of milk the next morning. The lochia were slightly offensive from the second to the fifth day, but at no time were intra-uterine injections deemed necessary. Convalescence was rapid, and patient was able to sit up on the ninth day.

Case IV. Aged forty-two years and a half; mother of ten children; has had consumption for a number of years; health very bad for a year past. After a lingering but not severe labor she was delivered of a living child, weighing eleven pounds. She had half an ounce fluid extract ergot as soon as the head of the child was born. The placenta was expelled by compression in five minutes. The uterus contracted well at first, but soon relaxed and filled with blood. Under compression it again contracted, but only for a short time. Relaxation, with a free discharge of blood, would recur every fifteen or twenty minutes. Compression would each time cause the uterus to contract. After two hours of this alternate contraction and relaxation complete inertia with a fearful hemorrhage supervened. Ice was

applied to the abdomen without effect; the clots were removed and a large piece carried into the uterine cavity. The result was only a temporary contraction. Patient was in a state of syncope. Her head was lowered and legs raised. The hemorrhage continuing, the clots were again removed, the nozzle of the syringe carried to the fundus, and one ounce compound tincture iodine slowly injected. This caused but temporary contraction, and the hemorrhage was soon quite free again. I now slowly injected the following mixture: solution perchl. iron, one half ounce; water, one ounce and a half. This produced pretty firm contraction; but slight relaxations, with a little oozing of blood, continued to recur at intervals for the next four hours. These, however, were readily overcome by compression. Twenty-four hours after delivery the womb was firmly contracted, and the patient sleeping. She was ordered one ounce of whisky every two hours. Second day, there was a sudden relaxation with free hemorrhage. Firm contraction was promptly induced by compression, the application of ice to the abdomen, and the administration of ergot. Pulse 72, respiration 18, temperature 102.1° F. Third day: The lochia were offensive, and continued so for two days. During this time and throughout her illness carbolized intra-uterine injections were used when indicated.

Septicemia developed on the fifth day. On the seventh day there was a slight flow of milk. Phlegmasia dolens occurred in left leg on the thirteenth day, and in the right on the fifteenth. On the seventeenth day there was extensive pelvic cellulitis with an abscess of the vulva. This abscess opened spontaneously the following day. From this time till her death she continued to have one abscess after another in the thighs, hips, vaginal regions, and buttocks, with frequent and free discharges of pus from bowels. Death occurred from exhaustion two and a half months after delivery.

Case V. Had borne one child. Abortion at fourth month. Free hemorrhage set in on fourth day, when I was called. Os patulous. Removed placenta with Emmett's forceps, when the flow of blood ceased. Convalescence rapid.

CASE VI. Mother of six children. Abortion at third month, her family physician being in attendance. Three weeks after miscarriage she began to have hemorrhages more or less severe, recurring every day or two. I saw her one week after the hemorrhages commenced. Os patulous. Removed with Emmett's forceps a quantity of membrane. No further recurrence of hemorrhage; recovery rapid.

CASE VII. Mother of two children. Abortion at sixth month. Placenta firmly adherent. Dr. Plummer was called in consultation and administered ether. I left patient, thinking I had completely removed the placenta. She did well for a week, when she had a free uterine hemorrhage. The os was patulous. Removed with Emmett's forceps about a tablespoonful of placental tissue. Used intra-uterine injections for the next three days. On the fourth day the hemorrhage recurred, but less severely. Introducing the forceps again, a small quantity of placental tissue was brought away, after which she made a rapid recovery.

It is taught, and I believe correctly, that post-partum hemorrhage is generally preventable. The third stage of labor is, so far as the mother's safety is concerned, of paramount importance, and it is in the management of this stage that the attendant's skill is displayed. The placenta should always be expelled by Crede's method, and after its expulsion the patient should have two to three drams of fluid extract ergot, unless indications call for its administration immediately after the birth of the head of the child. The uterus should be carefully watched, and occasionally compressed until tonic contraction is fully established and maintained for an adequate length of time.

The accoucheur should go to the bedside prepared for any emergency, whereby danger could often be averted and life often saved.

When hemorrhage occurs, what is to be done? The first thing is to determine its cause, if possible, with the least possible loss of time. If due to solution of continuity, ligatures or styptics are indicated. Placental adhesions, retained coagula, or

uterine polypi being the cause, must be removed. In Cases V, VI, and VII the hemorrhage was promptly arrested by the removal of the secundines or such portions as remained. In the hemorrhagic diathesis and other conditions where great loss of blood is reasonably looked for, preparatory treatment by iron, nutrients, etc., and the use of electricity during delivery will often tide the patient over the danger.

Uterine inertia, however, being, as we all know, the most prolific of all causes of post-partum hemorrhage, it is to cases of this class that I desire to call special attention. Hemorrhage is both sudden in its onset and most dangerous in its results, and requires the very promptest, most energetic, and active means for its arrest.

The patient being placed on her back, grasp the uterus and make firm compression with one hand; with the other empty the organ of any clots that it may contain; and at the same time curette the placental site as recommended by Wilson. Give ergot hypodermically, but do not rely upon this remedy, as is too often done, for the control of the hemorrhage. In cases where the exhaustion is great, its administration is without effect.

If removal of the clots, external compression, internal kneading, and use of ergot fail to produce tonic contraction, then this desideratum must be sought through reflex action excited by application of certain remedies within the uterine cavity.

This valuable class of adjuvants comprises ice, hot water (110° F.), vinegar, tincture of iodine, and solution of perchloride of iron. The last mentioned remedy is not to be used until the others have been tried and failed, unless the case is desperate, demanding its immediate application; and then it must be properly diluted and injected slowly. It has been thought to have frequently produced septicemia, and, in some instances, death. Its use in Case IV probably gave rise to the septic trouble that hastened death.

Compression of the aorta, although theoretically objected to by many, will often be of assistance in the restraint of the hem-

orrhage. By its use in Case III, the hemorrhage was doubtless held in more or less subjection till the arrival of the remedies by which it was completely arrested. When syncope occurs lower the head and elevate the arms and legs, thus favoring a greater flow of blood to the brain. Give brandy and ether hypodermically when such stimulants are indicated. The patient should have the benefit of all the fresh air possible. If at the beginning the patient's general condition has not, owing to the severity of the hemorrhage and its pressing demands, been properly investigated, a thorough knowledge of it should be obtained as soon as possible. The bladder, if distended, should be relieved, and the rectum, if overloaded, emptied. The after-treatment of the patient will include opiates, quinine, stimulants, nutrients, and quietude.

HARRODSBURG, KY.

Reviews.

Chemistry, Inorganic and Organic: with Experiments. By CHAS. LOUDON BLOXAM, Professor of Chemistry in King's College, London, etc. From the fifth and revised English edition. With two hundred and ninety-two illustrations. Philadelphia: Henry C. Lea's Son & Co. 1883.

An old acquaintance, a little changed yet familiar, offers himself for recognition. We detect that time has improved him, and take pleasure in commending him even more than formerly to the good opinions of those who need his offices.

The trait of greatest value, next to its thoroughness, is the liberality with which experiments, described in detail and illustrated by cuts, are used to make clear and impress the truths expressed. Teachers have long found Bloxam serviceable for this reason especially. It proceeds from popular statements of simple principles by degrees to the more abstruse technology, and in this way finds easier access to the learner's attention.

The Dissector's Manual. By W. BRUCE-CLARKE, M. A., M. B., F.R.C.S., Senior Demonstrator of Anatomy and Operative Surgery at St. Bartholomew's Hospital, etc., and CHARLES BARRETT LOCKWOOD, F.R.C.S., Demonstrator of Anatomy and Operative Surgery at St. Bartholomew's Hospital, etc. Illustrated with forty-nine engravings. Duodecimo, pp. 390. Henry C. Lea's Son & Co., Philadelphia, Pa.

This is another one of the series of manuals for students of medicine issued by Henry C. Lea's Son & Co., of a size uniform with the others of the series, which, as we have previously said,

is of a most convenient and handy shape. We predict that this volume will become a great favorite with students. It is a really excellent manual, and we shall recommend it to the anatomical classes in the University of Louisville.

Insanity, its Classification, Diagnosis, and Treatment: A Manual for Students and Practitioners of Medicine. By E. C. SPITZKA, M. D., Professor of Medical Jurisprudence and of the Anatomy and Physiology of the Nervous System at the New York Post-Graduate School of Medicine, etc. One volume, 8vo., pp. 415. New York: Bermingham & Co. 1883.

An exhaustive treatise on insanity would necessarily occupy more space than is afforded within the limits of four hundred pages. The author's aim seems to have been to direct attention to such of the salient points of psychiatry as the general practitioner may reasonably be expected to familiarize himself with. He has produced a very readable and interesting volume. The style is generally clear, though not always elegant. The reader is now and then surprised at faults which must be due to hasty writing or great negligence. But these slight blemishes do not mar the value of the work, which ought to be generally utilized by the profession. Its practical character, moderate volume, and reasonable cost are features which recommend and will command an extensive sale.

Selections from the Clinical Works of Dr. Duchenne (de Boulogne). Translated, edited, and condensed by G. V. POORE, M. D. (London), F.R.C.P., etc. London. 1883.

The New Syndenham Society gave to Dr. Poore the commission to translate and edit such selections from the works of Duchenne as were most fit for the dimensions of an ordinary

volume. The easier way was to give entire a few monographs; but in order to give to English readers a just conception of the debt scientific medicine owes to the distinguished Frenchman the editor has omitted the controversial discussions which abounded in the material before him and condensed the prolix style to the simplest forms of expression. He has closely pruned the accounts of cases, and left out some which were mere repetitions of the original type of disease. These changes in the text are indicated by appropriate marks.

At the close of the article on locomotor ataxy is one noteworthy instance out of many of the editorial additions. The knee-jerk phenomenon, now recognized as being very significant, has been worked out since Duchenne's time. A picture of locomotor ataxy would be very incomplete if it did not give this feature a prominent place. To this, and likewise to the pupillary, vascular, and voice reflexes, adequate notice has been given. Dr. Poore hesitates to assign to syphilis the important etiological rôle which it is generally believed to play in this disease. Against the evidence of many observers that there is a history of syphilis in more than fifty per cent of the cases, he sets the following considerations:

It is not always easy to be sure that a "history of syphilis" is really so, especially after a lapse of some time.

It must be remembered that those who have had venereal troubles have not seldom been free livers in many other respects, free drinkers perhaps, and given to sexual excess, or exciting dissipation which has taxed the powers of the nervous system.

Posterior sclerosis is rare in women, and it does not occur more frequently among syphilitic prostitutes than among other classes of women.

Mercury and iodide of potassium have no curative effect upon posterior sclerosis.

As a preliminary to an accurate determination of the value of the statistics quoted to prove that ataxy is a syphilitic disease, it is necessary to have an account of the percentage of adult

hospital cases of all sorts whose personal history includes a suspicion of syphilis.

The changes going on in the nomenclature of diseases, especially those of the nervous system, are indications of the phases of professional opinion. A new species is usually named after the discoverer; as knowledge of its clinical traits grows, a name expressive of some characteristic symptom comes into favor; lastly, when its pathology is determined, comes the final and most satisfactory title.

"*Pseudo-hypertrophic paralysis*" is a name in the second stage of development, and has much to commend it. We must plead guilty to an unscientific liking for the original term, "*Duchenne's paralysis.*" It has the merit of a monument. It serves to remind the medical student of succeeding ages that a man of that name brought to the study of disease an insight and a habit of painstaking observation so unusual that, though the disease had been before medical eyes for twenty centuries, no one had yet detected or described the features peculiar to it. We do honor to Faraday by naming after him the force he first evoked, and to Franklin by calling frictional electricity by the name of an observer who, though late in his experiments, made more out of them than any one else. An unsentimental age will destroy these memorials some day in favor of a uniform system, and our successors will take their inheritance without a reminder of personal obligation.

Duchenne entered the domain he afterward made his own by the gateway of therapeutics. He began experimenting with Faradism at a time when charlatans had monopolized its curative application, and while using it as a remedy he discovered its many undreamt of values in diagnosis and prognosis. These, together with his studies in the physiology of expression and muscular action, are succinctly set forth in the edition before us. In taking notes of the electrical relations of diseases his keen eye did not fail to observe many other characters nor his faculty of comparison pass by the features that justified new classifications of symptoms. The noise and the dust of the combat

by which he established his claims are excluded by his editor as of no permanent scientific value, but his actual contributions to knowledge meet with discriminating treatment by Dr. Poore in a series of highly interesting chapters.

Perhaps Duchenne's early enthusiasm for electricity gave a bias to his judgment of its effects. Ideas when new have exaggerated importance, as the moon's disk near the horizon seems larger than at the zenith. Faradism as a remedy rose before the eyes of Duchenne luminous and imposing; and though he must have seen the space it covered in therapeutics contract as time went on, his faith in it suffered but little diminution. Of real service in some affections, a fair critic must allot it a narrower range than did its first great advocate, Duchenne. H.

The Medical Student's Manual of Chemistry. By R. A. WITTHAUS, A.M., M.D., Professor of Chemistry and Toxicology in the University of Buffalo, etc. New York: Wm. Wood & Co. 1883.

We remember a favorable impression of the author, received when his work on General Medical Chemistry came up for a review. At first glance we took this for a revised edition of that volume, but close examination reveals differences that entitle it to the new name. We see the effort he has made to eliminate matter not special in its character; we note that descriptions of manufacturing processes are brief, and that physiological, hygienic, therapeutic, and toxicological chemistry are treated more at length.

The free use of cuts is a matter to be commended. It is an excellent book, and yet we think it would have been a better text-book for medical students if the arrangement had been different. Chemical Philosophy is always a hard task to the medical student. It is the most abstract portion, and furthest from his practical ends. The author would have made it easier to under-

stand if he had introduced it after the consideration of the first twelve elements.

It is good exercise of the memory to use symbols for names. The composition of substances is thus stamped upon the mind. Besides, there is in it much gain of space. By this means the author has condensed his text to the last degree compatible with clearness.

Part III is eleven pages devoted to Laboratory Technics. This part is new and useful, yet we doubt the advantage of considering these processes apart from the experiments unless they are also referred to or explained in the text describing the experiments. It is suggested that in his second edition the author should take up each process as it is mentioned in the course, illustrate it fully, and in addition collect them at the close.

In the interest of pure scientific classification the substances often called organic are treated of as carbon compounds just after the element carbon. Schemes are given for the examination of calculi and simple chemical compounds. Quantities are expressed both by metric and apothecaries' weights, and the habits of American thought further respected by giving degrees of temperature both in Centigrade and Fahrenheit.

Clinic of the Month.

CLEANLINESS: IS IT THE SECRET OF THE ANTISEPTIC TREATMENT.—"It is true," says Dr. Weir, "that cleanliness accomplishes a great deal. One must candidly admit this, especially after reading about or witnessing the results of the treatment of Mr. Lawson Tait, of Birmingham, who may fairly be called the apostle of cleanliness. Not only does his published account of a hundred ovariotomies, performed with but few antiseptic precautions and in which there were only three deaths, entitle him to this distinction, but also does his recent oral statement that this year nearly two hundred and fifty abdominal operations of various kinds had been accomplished with much the same diminished mortality. When I visited his wards there were seen seven cases of ovariotomy, three hysterectomies, one of opening into the gall-bladder, and two of exploratory incision, the patients in each of the cases doing well so far as progress toward recovery was concerned, though stitch abscesses were not infrequently met with, and the incisions themselves were not so neatly healed as those seen in Czerny's wards at Heidelberg, and there were more temperature oscillations of moderate range than were seen elsewhere under antiseptic dressing. His hospital was the cleanest private hospital that I ever was in. He has only one assistant besides the etherizer. His instruments were few and simple, and kept in trays under water. He said he kept them submerged because they were easier to handle, and blood adhered to them less tenaciously. I would say here, in passing, that in Germany I was told that they flooded the floors of the operating rooms to prevent dust and germs from flying about. I noticed, too, that Mr. Tait took his dozen sponges home with him, and I asked him the next day at his house what he did with them. He replied that either he or his

wife personally cleaned them. The sponges were first put for twenty-four hours in running water, afterward, for another twenty-four hours, in a solution consisting of one pound of carbonate of soda to four gallons of water; then cleansed in water, dipped in a five-per-cent solution of carbolic acid, dried, put in rubber bags, and hung up in the laundry. Though the results attained by rapidity of operation, experience and great cleanliness may, in the hands of a Tait, justify the diminution of antiseptic precautions in abdominal operations, yet that surgeon himself admits that the experience of men great in other departments of surgery has shown the advantages of antiseptics.

"In Kiel, Hamburg, and Halle, whence our best surgical statistics are obtained, besides the cleanliness of the operating-rooms, gowns, and sponges, special care is taken to inculcate this valuable lesson by the public and thorough washing of the hands and nails of the surgeon and his assistants, and also by the scrubbing the skin of the patient with soap-suds (at Kiel an iodoform solution is then painted on) at the site of the intended operation. In the New York Hospital, prior to an operation, not only are the parts washed with soap and water, but also with a mixture of turpentine and alcohol, two ounces to the pint, both as a solvent for greasy matter and likewise as a penetrating antiseptic—turpentine being a germicide even in so weak a solution as one part to seventy-five thousand.

"The sponges in our hospital, as in Germany, after proper cleansing, are kept in an antiseptic solution for a week before they are again used.

"The sponges are, in the first place, prepared in the following manner: After getting rid of the sand by shaking and beating them, they are thoroughly washed in warm—not hot—water, for if hot water is used it deteriorates the quality of the sponge substance and tends to fix the dirt within its meshes. This is particularly so if the sponges have already been used at an operation. The sponge is then placed in a one-to-one-thousand solution of permanganate of potash for twenty-four hours. If the permanganate is found to be losing its beautiful pink color,

a little more may be added. At the end of this time the permanganate of potash is washed out with warm water. The sponges are now bleached by immersion in a solution composed of one part of sulphite of sodium to one hundred parts of water, to which has been added a one-fifth part of a watery solution of hydrochloric or oxalic acid of a strength of eight parts to one hundred. They are stirred up with a stick for a few minutes, until they whiten; if left longer, they will become friable. Then they are washed out with water again, and left for some time in running water. The sponges are afterward put into a carbolic-acid solution, one to twenty, or in a solution of one to one thousand of the bichloride of mercury, and kept there until used. Sponges so prepared, such as we use at this hospital, cost but about one cent and a half each; and at that price they may be thrown away after use at an operation. This is my custom in private practice; at the hospital it is the rule that, if the operation is one upon the rectum, the vagina, or other parts where contamination is likely to take place, the sponges used are afterward destroyed; in amputations and other cleanly operations upon the otherwise healthy subject, the sponges are cleansed for subsequent use. In all abdominal operations new sponges are employed. The sponges that are to be again used are washed thoroughly in running water, and afterward kept for some hours in a weak carbonate-of-soda solution, to dissolve out the fibrin, etc., and then placed in the antiseptic solution as before. Such are the antiseptic dressings used at this hospital in the wounds to which they are applicable. There are certain wounds of the body, as of the mouth, rectum, and elsewhere, in which it is necessary to employ iodoform, which is better adapted to such localities. If you have no other preparation at hand, you can rub the iodoform into the ordinary gauze or simple mosquito-netting, and apply it to the wound. The sticky iodoform gauze is readily made by rubbing iodoform into the ordinary Lister gauze. Iodoform also makes the best application for small lacerated wounds. But remember that more than forty-five grains will give rise to symptoms of poisoning.

"Finally, the principle of rest should be carried out thoroughly. No matter how small the operation; as, for instance, the removal of a small tumor from the ankle, the limb is placed in one of the easily-cleaned enameled-iron guttered splints of Volkmann's pattern, and held immovable until healing is accomplished or the risk of inflammation has passed away.

"Such are the details of the management of wounds and injuries which at the present time seem best to fulfill the conditions demanded by an antiseptic treatment. It is hardly to be expected that the general practitioner will have at his command all the materials here described. He can, however, have sundry powders of corrosive sublimate, of eight grains each, in his possession, and, when called to a case of injury, can rapidly add a pint of warm water to one of these powders, bathe the wound freely with the solution, dip into it some cheese-cloth, or, what is even better, ordinary absorbent cotton, then squeeze this out as dry as possible, or, if time allows, partially dry it by exposure to heat, and apply it to the wound. Drainage can always be accomplished with rubber tubing perforated in the ordinary manner, choosing when possible the black or red rubber for the purpose. This dressing, duly secured with a bandage dipped in the same solution, will answer for a first application, and permit you to prepare a more elaborate antiseptic appliance if you wish.

"Prior to the use of antiseptics the mortality from compound fractures of the arm, forearm, thigh, and leg was over thirty-three per cent in the Roosevelt and St. Luke's Hospitals; in the old New York Hospital it amounted to sixty per cent; in Boston City Hospital to forty-one per cent. This was under the old treatment of poultices, salves, fracture-boxes, etc. Under the open treatment, with such counter-openings as were necessary, the mortality, in the best hands, dropped to twenty-six per cent. Under antiseptic treatment, I have had one hundred and eighteen major compound fractures, with eight deaths, a mortality of six per cent. Up to my seventieth case I had not had a single death, but, in endeavoring to treat by this

method some of the severer forms of compound fractures from railroad accidents, I lost several patients, and spoiled my record. Lately I have had twelve cases of compound fractures treated with the sublimated dressings, without a single death.

"This surgeon, from 1860 to 1867, with the open method of treating wounds, had a mortality in amputations of 35.1 per cent. From 1868 to 1875 he continued to use the open treatment, and from 1875 to 1876 he used the wet masses of carbolized or thymolized lint and jute, with a mortality of 29.5 per cent. From 1877 to 1880, under a strict antiseptic treatment, the mortality went down to 5.7 per cent.

"Volkmann, too, in two hundred and sixty one amputations, had only fourteen deaths, which is a five-per-cent mortality; and one hundred and eight of these healed by first intention, a condition which I had only seen once prior to the use of antiseptics. Neuber records also one hundred and five capital amputations, with a mortality of 7.6 per cent. As a tribute to the latter surgeon's permanent dressings, it should be stated that in four of his cases only one dressing was used. Still more satisfactory is the employment of the permanent or peat dressing in forty-nine knee-joint resections, in thirty-six of which the dressing remained unchanged from the time of the operation until the parts were healed. He attributes his greater success in getting union in resections than in amputations to the imperfect apposition of the muscular structures in the latter operation; and, in amputations, he therefore recommends the separate suturing of the muscles with catgut, under which procedure he got primary union in thirteen out of fourteen cases in which he tried it.

"In my own practice, I find notes of thirty-five amputations without a single death, viz., one hip-joint, seven knee-joint, seven thigh, nine leg, seven arm, and two forearm amputations. Two deaths following amputation for compound fractures have already been counted under those injuries. Should such be placed also in the list of amputations, the result would be thirty-seven cases with two deaths, a mortality of 5.4 per cent."

Dr. Alfred C. Post said he could add little to the exhaustive remarks by Dr. Weir upon the subject. He was fully convinced of the great value of antiseptic surgery, although he was not prepared to accept all the details of treatment that had been mentioned, or acknowledge their necessity, especially in minor cases. It had seemed to him that in small wounds, if not involving important parts, it was not necessary to go through the whole formality of these complicated dressings; that is to say, in cases which were pretty sure to do well without it. As to the importance of perfect cleanliness and thorough drainage, there could be no question. There was one substance, which had been introduced by Kocher, of Berne, in the dressing of wounds, which he had found of great value in certain cases: he referred to subnitrate of bismuth, dusted on the wound with a pepper-box.

Dr. L. A. Stimson thought the subject involved two distinct questions which should be borne in mind during the discussion: First, the causes of complications in surgical wounds, and, second, the value of antiseptic agents in the prevention or correction of the effects of those causes. The question did not alone involve the prevention of the development of germs or their entrance at the seat of the wound. If such were the only question, all that would be necessary to carry every case on to a successful issue would be the discovery of an efficient germicide, and its thorough application. It seemed to Dr. Stimson, however, that these complications could arise from other causes than the presence of germs, and what those other causes were was unknown. Every surgeon had met with cases in which all possible avenues for the entrance and the development of germs seemed to have been occluded, and yet sepsis developed. In illustration, reference was made to a case in which a man fell and injured the ankle. Nowhere on the surface of the body was the skin broken except at a small spot on the back. Yet within a few hours after the accident the ankle became swollen, there was crackling under pressure, symptoms of septicemia developed, and, on amputating the limb, it was found to be infiltrated with pus. In this case there had been no opportunity

for germs to enter and give rise to inflammation. If it were said they might have entered at the wound on the back, it would show the necessity of applying antiseptic dressings to every slight scratch which might exist upon the body, however distant from the seat of the principal wound. If the result could be attributed to the germs taken in with the respired air, or with the food, it would show the impossibility of carrying out the principles of antisepsis in an effectual and practical manner. We were not justified, then, in asserting, as some surgeons had done, that by observing and executing faithfully the details of antiseptic treatment we should render the development of sepsis impossible. Instead of always attributing want of success to some possible oversight in the application of the antiseptic treatment, he thought we might better admit other possible sources of complication than the presence of germs. Moreover, it was not certain that the beneficial effect which had apparently attended the use of antiseptic methods had always been due to the germ-destroying properties of the dressings; it might be due to an unknown influence exerted by the presence of some one of the substances employed in the dressing. If we admitted that the presence of certain germs would give rise to sepsis, it did not follow that the presence of all germs would do so, or that all cases of sepsis were due to the presence of germs. It did, however, justify us in the employment of an agent which would prevent the development of germs capable of producing sepsis. Dr. Weir had stated that peat in itself had been shown to possess antiseptic properties, inasmuch as certain cases had done well when this agent in its natural state had been employed as a dressing to the wound. But certain experiments which Dr. Stimson had made went to show that peat was full of bacteria. Therefore, if it had exerted any influence in the prevention of sepsis, it had been by some other means than its germicide properties. He summed up his views by saying that he believed in antiseptics which purified the patient, the surgeon, the assistants, and the instruments. Further, he wanted drainage, compression, and rest. (New York Medical Journal.)

CASE OF PULSATING LIVER.—Walter G. Smith, M.D., Dublin, read a paper on this subject before the Medical Section of the Academy of Medicine in Ireland. He said: True pulsation of the liver is sufficiently rare, and, I think, little known, to justify my reporting the only case of it which I remember to have seen in hospital practice.

J. M., aged thirty-five years, admitted into the Adelaide Hospital, August, 1878. He was a soldier, and had had ague, but with this exception was strong and healthy until 1875, three years prior to admission, when he caught cold and was attacked with cough and breathlessness. Since that time he was never quite free from cough, and contracted several severe colds, the last one of which was followed by swelling of the legs. He was obliged to give up, and after awhile was confined to bed. Without being a very hard drinker he was accustomed to take stimulants freely.

State upon admission: Anasarca of the legs only; the swelling had never gone higher than the thighs. Loud bronchial râles over both lungs, with muco-crepitus, and attended with frothy expectoration. A faint systolic murmur heard over apex of the heart. The skin of the face and hands was dusky in color, and there was visible pulsation in the jugular veins, which were of immense size—in short, there was extreme venous congestion of the upper half of the body.

The urine contained a large amount of albumen; no tube-casts were seen. He complained of a distressing feeling of load about the epigastric region, for the relief of which leeches were applied with benefit. The liver-dullness extended about two and a half inches below the ribs on the right side, and to within two inches of the umbilicus in the middle line, and its margin was readily felt. A distinct pulsation of the liver was visible in the epigastrium, extending over the right and left lobe. Dr. Beatty and I directed particular attention to this movement, which arrested my notice, and we convinced ourselves that it was a true eccentric throbbing of the liver, to be seen and felt, and not a mere shock, such as might be transmitted from the heart or inferior vena cava.

Subsequently the liver increased in size, and the lungs became engorged, while at times a triple cantering sound was heard over the apex of the heart, and the systolic murmur became more distinct. The area of cardiac dullness appeared to be enlarged, and the apex-beat was visible in the sixth intercostal space. His condition fluctuated between better and worse, and he left the hospital after a stay of nearly two months. I learned afterward that he was soon re-admitted in a similar or worse plight, under one of my colleagues, and that he died rather suddenly. There is no record of a post-mortem examination having been made.

All hospital physicians have frequent opportunities of observing cases of heart disease, attended with enlargement of the liver, cervical venous pulse, and other evidences pointing to tricuspid regurgitation. Yet, although on the watch for such an occurrence for some years past, I can not call to mind a single other case in which I satisfied myself that there was regurgitant throbbing of the liver. Nor have some of my friends, of large experience, to whom I have addressed inquiries, been more fortunate; and, indeed, the phenomenon is sufficiently remarkable to be unlikely to be overlooked. Dr. David Drummond, however, who has written an interesting paper on Pulsating Liver (Dublin Journal Medical Science, October and November, 1881), believes that pulsating liver is of frequent occurrence, and is often overlooked by the physician. He gives details of nine cardiac cases in which this sign was present as a forcible and general movement of the liver.

Dr. Frederick Taylor has also written a paper deserving of perusal in Guy's Hospital Reports, 1875, based upon five cases of cardiac disease in which hepatic pulsation was present. And in the British Medical Journal, March 18, 1876, among the hospital reports, there is a brief reference to two cases, under Dr. Ramskill's care in the London Hospital, in which diffused hepatic pulsation was observed. Both patients had cardiac disease and large nutmeg livers, as the post-mortem examination showed. In support of the proposition that the phenomenon under review

is principally the result of a retrograde venous wave from the right ventricle (Friedreich, Taylor, Drummond), I may mention:

1. The expansile sensation communicated to the fingers when placed upon the liver.

2. The duration of the pulsation. It continues after the ventricles have ceased to contract.

3. It has been observed that as the condition of the patient improved under treatment the hepatic pulsation became less and less (Drummond, Case II, *loc. cit*). If the hepatic pulsation were due altogether to direct shock, the contrary would be the case, for steadier and more forcible action of the heart would materially increase the pulsation.

The question acquires practical importance, from its bearing upon the problem of diagnosis of tricuspid insufficiency, not always an easy matter for the physician to decide, and upon which authorities give out a somewhat uncertain sound.

Ought pulsation of the liver to be regarded as evidence of regurgitation through the tricuspid orifice? Taylor and Friedreich answer, yes; and the latter goes farther and states that, in point of time, hepatic pulsation precedes pulsation in the jugular veins.

Dr. Drummond maintains that pulsation of the liver is the most constant and most valuable sign of tricuspid regurgitation, less variable than systolic tricuspid murmur and jugular pulsation; but he does not contend that hepatic pulsation is pathognomonic of tricuspid regurgitation, and records himself a case *contra*. This matter appears to me to be deserving of more extended clinical testing than it has yet received, and I shall be gratified if my paper have the effect of directing the attention of others to this point.

The questions still remain to be answered: How does regurgitation of blood into the hepatic veins in sufficient force to visibly agitate the liver sometimes occur? and why is it not more frequently observed in old-standing cases of mitral disease?

Neither Dr. Taylor nor Dr. Drummond make any reference to the peculiarities in the circulation of the liver in explanation

of hepatic pulsation, nor is the topic alluded to in the standard text-books of medicine.

Many years ago some ingenious and suggestive views were published upon the circulation of the blood through the liver, which were novel at the time, and which have since been corroborated by additional physiological and clinical evidence. Three authors, independently of each other, arrived at similar conclusions as to the conditions of the circulation through the liver, viz., M. Berard, in Paris, in a paper published in 1830; Dr. Carson, in 1833; and Mr. Alexander Shaw, in the London Medical Gazette, July 15, 1842.

A good abstract of Mr. Shaw's paper is given in Medical Times and Gazette, April, 1876. Mr. Shaw set himself to show that the current of blood in the liver is subject to the influence of the respiratory movements of the thorax, and that the general effect of these actions is to assist its flow from the liver to the heart.

The vena portæ, a valveless and weak-walled vessel, has to perform the duties of an artery without possessing, like the arteries, an elasticity to aid it in propelling the blood, and without its fluid contents receiving much benefit in the way of direct impulse from the heart; consequently, when we consider the feebleness with which the blood must be sent through the gland by the portal vessels, and how its parenchyma must be exposed to the effects of congestion, it is natural to expect that some additional force should be brought into operation to accelerate the current. This auxiliary force is to be found in the actions of respiration, and the anatomical conditions which favor this influence are these:

1. The trunks of the hepatic veins almost pierce the tendon of the diaphragm to join the inferior vena cava.

2. The hepatic veins can not collapse when subjected to atmospheric pressure, that is, to the aspiratory action of the mediastinum or suction power of the heart, because they are tunneled out through the solid substance of the liver, and approximate in fact to rigid tubes. Hence the reason why, unlike the branches

of the vena portæ, they are not surrounded by a bed of loose areolar tissue.

3. During respiration by the contraction and descent of the diaphragm, the caval orifice of the diaphragm is stretched, the vena cava itself straightened, and the course and openings of the hepatic veins made more direct.

Conversely during expiration the venous trunks between the liver and the heart are shortened, their coats relaxed, and the opening in the diaphragm is diminished. Thus, at the very time when the thoracic cavity is lessening and the blood has a tendency to regurgitate into the hepatic veins, this tendency is counteracted by the provisions just described.

Accordingly, and because inspiration is a more powerful act than expiration, it follows that the circulation of the liver gains by the influence of the atmospheric pressure.

But if, under any circumstances, regurgitation of blood from the right heart takes place, it will be seen that this intimate relation of the hepatic veins to the liver-tissue, whereby they cease to be flaccid tubes and are converted into patulous sinuses, is a condition especially favorable for communicating to the liver as a whole any pulsation caused by reflux into the inferior cava and large hepatic veins. The degree to which the liver can yield is regulated by the elasticity of the enveloping capsule of the liver and of its peritoneal covering. Hence inflammatory thickening of the capsule is an obstacle to pulsation. Were it not for this elasticity of its envelopes the proper structure of the liver would, in cases of undue accumulation of blood within it, be injuriously compressed between the blood in the distended hepatic canals and the capsule of the liver.

Before hepatic pulsation can occur the impulse must be strong enough to overcome not only atmospheric pressure, but also the resistance of the parenchyma of the liver, the elasticity of its capsule, and all those conditions which have been already mentioned as tending to prevent regurgitation during ordinary expiration.

It is possible, I think, that there is commonly some degree of

retrograde pulsation in a nutmeg liver, but that in many cases it is very feeble and therefore inappreciable to ordinary methods of examination; and, independently of regurgitation, whenever, from any cause, there exists a condition of constant distension of the veins near to the right auricle, the fluid contained in these parts would be ready to receive and distribute any impulse by mere continuity with the contracting cavities.

DIABETES AND RETRACTION OF THE PALMAR APONEUROSIS.—M. Albert Cayala calls attention in the *Gaz. Hebdom.* to the coincident occurrence of these affections in the same subject. He has been able to collect seven observations where this coexistence has been determined. The first case is that of a French physician, in practice at New York, a sufferer for several years from diabetes mellitus of nervous origin, but now in a very satisfactory general state of health. This gentleman's attention was drawn some two years ago to the condition of the palms of his hands. They gave a peculiarly dry sensation to the touch; the ring and middle fingers were slightly flexed, and some nodosities running in the direction of these fingers could be felt in the palms. The same physician affirms besides that he has very often met with a similar alteration in numerous diabetics, whom he has seen at New York, and he thought he had remarked that the affection was even more frequent still among patients affected with diabetes insipidus. M. Cayala suggests that this palmar lesion may be looked upon as a trophic disturbance, similar to other manifestations of the same kind so frequent in diabetes. On the other hand, retraction of the palmar aponeurosis is very often only one of the forms of rheumatism; and in this connection its coincidence with so obscure a disease as diabetes is interesting from an etiological point of view.

LOCAL APPLICATIONS IN HERPES ZOSTER OF THE FACE.—Dr. L. A. Duhring, says (Med. Times): "As to local applications, one of the best is that of a lotion of the fluid extract of grindelia robusta, one dram to one or two ounces of water. Another

good lotion, and one which is useful in many other affections of the skin, is the following:

℞ Zinci sulphat., ... } āā ℥ss;
Potass. sulphur., ... }
Aquæ, ... f ℥ iijss;
Alcohol, ... f ℥ ss.
M. Sig. To be dabbed on the part every two or three hours.

Application for Warts.—Dr. Cordes, of Geneva, states (*Journal de Thérapeutique*) that he has always found the following application successful: Iodine six, crystallized carbolic acid twenty-one, and alcohol two parts and a half, by weight. After scraping the wart or cutting it down to a level with the skin (without causing it to bleed), he touches the wart with a few drops of the above solution. In a minute it becomes soft, and allows of another scraping and a new application; and sometimes even a third scraping and application can be made without causing bleeding. (Medical Times and Gazette.)

Acute Aortitis.—M. Peter, of La Charité, says the principal elements in the diagnosis of acute aortitis are: An agonizing pain at the level of the pre-aortic region; a burning sensation, sometimes excruciating; and a dyspnea, which is never wanting, and which is especially characteristic, because on auscultation of the respiratory organs nothing can be discovered to account for it. (*Gaz. Méd. de Paris.*)

Eucalyptus in Acute Coryza.—Dr. R. Rudolphi (*Revista de Med.*) recommends that a few dried leaves of the eucalyptus should be chewed, and the saliva swallowed. Provided the coryza is acute, it may thus be arrested in less than one hour.

Paget's Diseases of the Nipple:	Eczema of the Nipple and Areola:
1. Occurs especially in women who have passed the grand climacteric.	1. Occurs especially in women earlier in life, and particularly during lactation, or in persons laboring under scabies.
2. Affected surface, in typical cases, of brilliant red color, raw and granular looking after the removal of crusts.	2. Surface not so red and raw-looking, and not granular, but often punctated.

3. When grasped between the thumb and fore-finger, superficial induration often felt, as if a penny were laid on a soft, elastic surface, and grasped through a piece of cloth. (Thin.)	3. Soft, and no induration.
4. Edge of eruption abrupt and sharply cut, and often elevated.	4. Edge not so abrupt, and certainly never elevated.
5. Very obstinate, and only yields to extirpation or other treatment applicable to epithelioma generally.	5. Although sometimes obstinate yields to treatment applicable to eczema.

NOVEL TREATMENT OF ASTHMA.—Dr. R. B. Faulkner, of Alleghany, Pa. (*New York Medical Record*) has had remarkable success in the treatment of spasmodic asthma, by applying tincture of iodine as a counter-irritant along the pneumogastric nerves, from the upper part of the thyroid cartilage to near the upper border of the clavicles. The application is to be continued daily till the surface becomes irritated. Another part of his treatment is the forced inflation of the lungs by means of a Politzer bag filled with common air. At the time of a full inspiration, the nozzle connected with the bag is placed in the mouth, and the contents driven into the lungs so as to dilate the vesicles and put an end to the spasm which is the cause of the difficulty.

TO REMOVE FISH BONES FROM THE THROAT.—To remove fish bones from the throat, Prof. Voltolina, at Breslau, recommends a gargle composed of muriatic acid, four parts; nitric acid, one part; and water, two hundred and forty parts. The teeth have to be protected by lard or oil. The fish bones become flexible, and they disappear entirely after a short time.

SUB-PERITONEAL FIBROIDS COMPLICATING LABOR.—Dr. Kidd (Dublin Jour. of Med. Science) reports the case of a lady he had attended in several confinements, each of which was complicated by the presence of a large mass of sub-peritoneal fibroids. In none of her labors had hemorrhage followed delivery, but there was always great collapse. The danger of such tumors depended almost entirely on their site; if low down, they were

liable to pressure, and might gravely obstruct labor. They might then be lifted out of the pelvis by the use of water-bags distended within the rectum. He had employed this device in many cases with complete success. Dr. Beatty had recorded a singular case, in which the tumor had been spontaneously lifted out of the pelvis during labor. Such an occurrence, however, was very exceptional. If the obstructing tumor could not be lifted up, the case became an extremely anxious one, and might even necessitate the resort to a cesarean section. Sub-peritoneal tumors did not often interfere with post-partum contraction of the uterus. Hemorrhage he had rarely seen in such cases, though he had always taken the precaution of administering ergot during the labor.

ECZEMA OF THE SCALP IN INFANTS.—Dr. Lassar employs the following formula: Salicylic acid one part, tincture of benzoin two parts, and vaseline fifty parts. A certain quantity of this is smeared over the scalp two or three times a day, after the infant's head has been washed with soap and water. To soften the scabs and to facilitate the cleansing of the scalp, Dr. Lassar recommends the employment of oil containing two per cent of salicylic acid. (*Gaz. Médicale.*)

A METHOD OF HASTENING THE ANESTHETIC ACTION OF THE ETHER SPRAY consists in making a slight prick with a needle at the point upon which the spray is directed, at the moment when the skin assumes a purplish hue and when the ether, commencing to solidify, assumes an oily consistency. The little puncture made at this time excites a reflex constrictive action of the vaso-motor nerves, the blood is driven from the part, and the skin becomes white. Another method of hastening the process consists in placing little wads of lint about the part, thus increasing the surface of evaporation. (*Revue Médicale.*)

LOW TEMPERATURE IN ALCOHOLISM.—Dr. E. Bull (*Norsk Magazin for Legevidenskaben*) reports a case of acute alcoholism

in which the rectal temperature was 87° F. Under treatment by cutaneous excitants it rose rapidly to 98° F. Temperature as low as this is also reported in other neuroses.

Picric Acid as a Test for Albumen. — Drs. Cooke and Watkins, at Bay View Asylum, Baltimore, found that in malarial cases in which quinine and cinchonidine were being used in large doses, these alkaloids were excreted in the urine, and gave, with picric acid, a reaction simulating albumen. Solutions of the alkaloids were found to give similar precipitates.

Severe Hiccough. — Dr. Ruhdorfer, in the *Allgemeine Wiener Medizin Zeitung*, reports a severe case of the above, lasting for three months, and which morphia, given hypodermically, could only check for a few hours or days. It resisted all the usual remedies, such as quinine alone, and with extract of belladonna, tincture of castoreum, or tincture of valerian, in water or with aromatics, mustard poultices over the stomach, dry cupping down the spinal column, choloroform, ether, zinc, bismuth, numerous emetics, and purgatives. The patient dragged on for three months under various remedies, morphia being administered whenever a single attack lasted beyond eight hours. At last the attack became overpowering, and the hiccough was so loud that the patient could be heard outside the house, through two doors. She sat up in bed, supported by her parents; there were dyspnea and cyanosis; the head was jerked in all directions; the pulse was small and frequent; the neck was distended. Dr. Ruhdorfer injected a solution of pilocarpin hydrochlorate (three centigrams in a gram of water). The hiccough was at once cured, as if by magic, and has never returned since.

Treatment of Vascular Tumors without Operation. — Floriani has recently treated six cases of telangiectasis with sublimate collodion (fifteen per cent solution). The collodion is put on in four layers by means of a camel's-hair brush, each layer being allowed to dry thoroughly before the next is applied.

On the fourth day the edges are raised and a second series of four applications are made, this being repeated every fourth day until the swelling disappears and the edges are depressed. After the crust falls off the place seems depressed and reddened, but soon resumes its normal color. This treatment is painless and requires only one or two months to cause an angiomatous tumor to disappear. (*Allgem. Wein. Med. Zeit.*)

PARACENTESIS OF THE PERICARDIUM.—Dr. J. W. Macdonald reported to the Canada Medical Association (British Medical Journal) a case of pericarditis with effusion attendant upon acute rheumatism, in which he performed paracentesis. Thirty-two ounces of fluid were withdrawn, greatly to the patient's relief. A partial re-accumulation of the fluid was met by elaterium and counter-irritation, and the patient subsequently did well.

HYDRIODATE OF HYOSCIN IN PHTHISIS.—Dr. Fraentzel recommends hydriodate of hyoscin in the treatment of the night-sweating of phthisis, in subcutaneous doses of half a milligram (one one-hundred-and-fortieth grain), or in pill, beginning with the same dose. He does not find it so universally beneficial as atropia, and it sooner exhibits a narcotic action; but he has seen good results from it in cases where atropia has proved useless, or has failed to act after being in use for some time. (*Wiener Med. Blätter.*)

CHANGES IN THE INFERIOR VENA CAVA OCCURRING WITH CIRRHOSIS OF THE LIVER.—The study of edema of the subcutaneous connective tissue in cirrhosis, and the thereby induced belief that this edema could not be explained wholly by the mechanical conditions existing in the liver, led Doctor de Giovanni to examine particularly the condition of the vena cava in this affection. These investigations disclosed the fact that the edema in question was owing chiefly to disease and consequent disturbance in function of the vena cava ascendens. He found peri- and endo-phlebitis, thickening of the adventitia, hypertrophy of the

entire wall of the vessel, and increase in size of its lumen. In one case of cirrhosis of the liver in which, notwithstanding there was meteorism and marked ascites, no edema was present, he predicated the absence of disease of the vena cava, and the correctness of his assertion was confirmed at the autopsy.—(*Centralblatt für Klinische Medicin.*)

TREATMENT OF MACROGLOSSY BY IGNIPUNCTURE BY DR. WEISSACKER.—The patient was a girl, five years old, with a congenitally hypertrophied tongue, which filled up the entire buccal cavity, impeding respiration, preventing mastication, and rendering speech impossible. The operation was made without narcosis, on account of impeded breathing. The lips, nose, and palate were protected with a spatula. With a Paquelin cautery, 0.4 centimeters thick, and 5.6 centimeters long, heated to a cherry red, fourteen vertical and three horizontal punctures were made. No bleeding. During a treatment of three weeks frequent hemorrhages occurred, which were arrested with perchloride of iron. On leaving, the tongue had approached the normal size; breathing free, mobility good. Its use in articulation could not be determined yet. (St. Louis Medical and Surgical Journal.)

FLOATING LIVER.—A patient with a floating liver was exhibited in the Medical Society of Vienna, by Dr. F. Schwarz, in whom the cardinal symptoms were very marked. Medical literature records only fifteen cases of floating livers, thirteen among females, always complicated with pendulous abdomen; only two were met with in men. All these were preceded by intermittent fevers, with consequent hypertrophy and increased weight of the liver, dragging and stretching of the ligaments. For fixing the replaced liver, a truss with a leather pad was made, which the patient found comfortable and efficient. (*Ibid.*)

AMENORRHEA.—Dr. T. L. Hatch, in discussing different remedies for this condition, insists upon the necessity of judicious selection of remedies adapted to special cases. He says that in

suppressed mensturation from nervous shock he has found the best results from the following formula:

℞ Ex. nucis vom. fl., ... ♏ xx.;
Aquæ, ... ℥ iv.
M. Sig. Teaspoonful four or five times a day.

This is particularly indicated if there are colicky pains in the abdomen.

Cancer of the Breast in a Girl.—A remarkable instance of the breast being attacked with cancer has lately occurred in a patient aged only thirteen years, who was last week under the care of Sir George Porter, in the Meath Hospital, Dublin. The part implicated was removed on the 24th inst., and the case is interesting in consequence of the youth of the patient. The cancer was not scirrhous, but consisted of a soft variety of the disease. (Lancet.)

An Undescribed Disease of the Fallopian Tubes.—The following unique case occurred in the practice of Mr. Lawson Tait: The patient, aged thirty-six, suffered from constant pelvic pain, aggravated during menstruation and after marital intercourse, and was much emaciated and haggard. She had had much fruitless medical treatment. There were no physical signs of pelvic disease, except great tenderness. Mr. Tait made an exploratory incision, and found the fimbriæ of the tubes adherent by curious little nodules, like millet seeds. He therefore removed the uterine appendages, with the result of completely restoring the patient to health. The nodules had been examined by Mr. F. S. Eve, who reported that he could offer no opinion as to their origin or nature, but that they were neither cartilage nor bone.

Nephrectomy.—On November 13th Richard Davy, Esq., removed, by post-peritoneal incision, a large fibro-cystic kidney from a man aged fifty-three. The albuminous urine has ceased since the day of operation, and the patient is doing well. On November 14th Mr. Knowsley Thornton performed nephrectomy

by abdominal section on a young woman at the Samaritan Free Hospital, a tuberculous kidney being removed. The abdominal incision was made external to the rectus muscle, as Langenbach recommends, and, after a principle introduced by the operator, the cut surface of the distal part of the ureter was fixed outside the abdominal wound. The patient is progressing very favorably. This is the sixth case of nephrectomy performed by the same operator; all the patients have recovered, and in every case the strictest antiseptic precautions were employed. A very complete account of the history of surgical operations upon the kidney will be found in the contributions of Mr. Clement Lucas and Dr. W. Walter to the Surgical Section at the recent annual meeting of the Association, together with the subsequent discussion published in the Journal, September 29, 1883. (British Medical Journal.)

Axis-traction Forceps.—(1) The extraction of the fetal head through any part of the curved parturient canal demands the use of forceps having the pelvic curve (curve of Smellie and Levret). (2) Extraction with such an instrument can not be made without loss of power and mis-direction of power, unless the handles have a compensation curve (perineal curve of Johnstone, Moralés, Hubert, and Aveling). 3. The addition to the blades by a joint or hinge of compensationally curved traction-rods gives the possibility of correct axis-traction, while the change impressed on the direction of the fixed application-handles affords an index to the operator as to the line in which at any moment he ought to pull (axis-traction rods of Tarnier). (Dr. Alex. R. Simpson.)

Infantile Constipation.—Take one quart of bran meal, tie it up in a pudding-bag so tight as to get a firm, solid mass, put it into a pot of water early in the morning and let it boil till bedtime; then take it out and let it dry. In the morning peel off from the surface and throw away the thin rind of dough, and with a nutmeg-grater grate down the dry, hard mass into a powder. Of this from one to three teaspoonfuls may be used

by first rubbing it into paste with a little milk, then adding it to about a pint of milk, and finally bringing the whole to just the boiling point. It must be given through a nursing-bottle. I have seldom known the above fail to give relief. (Lancet.)

Case of Idiopathic Gangrene of the Uterus.—Mr. Lawson Tait reports the following: Patient, aged thirty-four, had vague pelvic pain and offensive watery discharge. Uterus felt soft and flabby, the abdomen was swollen, and there were feverish symptoms. The patient died forty days afterward. On post-mortem examination, the uterus was found to be a black, sloughing, shrinking mass, having only about one square inch of normal tissue. No reason could be discovered for the gangrene. No operative treatment was permitted, or else it would probably have been quite easy to remove the dead uterus by abdominal section.

Simple Means of Obtaining Local Anesthesia. — Dr. Cheize (*Jour. de Méd. et de Chir. Prat.*) writes that, wishing to remove an ingrowing toe-nail, and being without a spray-producer, he covered the toe with a pledget the size of a crown piece, poured ether on it, and evaporated this by means of a pair of bellows; in five minutes anesthesia was complete and lasted while the nail was removed and the matrix seared with the actual cautery. (Glasgow Medical Journal.)

Condylomata.—A year ago a patient came to us affected with condylomata. As the latter were very large, preventing the prepuce from being drawn forward, their removal was desirable; but the patient having icterus at the time, we told him to dust the parts daily with this powder:

℞ Hydrarg. muriat. mit., ... 3j;
Acid. borac. pulver., ... gr. x. M.

Three weeks later not a sign of them was left. They were all absorbed. Since then we have often had occasion to use this powder, and invariably with the same good success. (Medical and Surgical Reporter.)

PRURITUS ANI.—Allingham states that he has seen a bad case of this disease cured by the use of the subjoined lotion in forty-eight hours (Kelsey on Diseases of Rectum and Anus):

℞ Liq. carbonis deterg. (Wright's), . . } . . . . . ää ℥ j;
Glycerine, ... }
Pulv. zinci oxid., ... } . . . . . ää ℥ ss;
Pulv. calamin. prep., ... }
Pulv. sulph. precip., ... ℥ ss;
Aquam ad, ... ℥ vj. M.

The part affected is to be thickly painted over with this, once or twice a day, and allowed to dry.

OIL OF WINTERGREEN.—(1) In the oil of wintergreen (acid methyl salicylate) we possess a most efficient salicylate in the treatment of acute rheumatism. (2) In its efficiency in controlling the pyrexia, the joint-pains, and the disease it *at least* ranks with any of the salicyl compounds. (3) The best method of its administration is in frequently repeated doses, continued in diminished doses throughout convalescence. (4) Its use possesses the advantages of being unattended with the occasional toxic effects, the frequent gastric disturbance produced by the acid or its sodium salt, even when prepared from the oil of wintergreen; that its agreeable taste, and finally its comparative cheapness are further recommendations in favor of its employment. (Glasgow Medical Journal.)

A METHOD OF RENDERING THE SKIN INSENSIBLE.—M. Jules Guérin read a note at the Académie des Sciences on a method of rendering the skin insensible in those operations which do not admit of chloroform by inhalation, and cited a case in which he had employed it to advantage. A lady, aged sixty, consulted him three months ago for a tumor in the right breast, of eight years' standing, which on examination proved to be a scirrhus. The general health was bad, bronchial and cardiac troubles were very manifest, and the kidneys were not in a very satisfactory condition. However, the operation was urgent. Chloroform having been considered dangerous, M. Guérin applied around the tumor a circular layer of Vienna paste, limited by a double

band of diachylon. At the end of twenty minutes the caustic was removed, leaving in its trace a black ribbon-like line. The knife was then applied, and the tumor removed without the patient feeling the slightest pain, and she did not seem to be aware of the operation. The results were all that could be desired. (Medical Press and Circular.)

A Leech in the Larynx.—In the *Revista Medica de Sevilla* Dr. Sota records the extraction of a leech from the larynx of a man, who had entertained the unwelcome guest for fifteen days. The patient was unaware of the cause of the obstinate hemorrhages, associated with aphonia, constant harassing cough, difficulty of deglutition, great embarrassment of respiration. Symptoms which, in connection with the family history of the patient and the history of the attack, led at first to the supposition of phthisis; and, when nothing abnormal was found on exploration of the chest, to the idea of primary tuberculosis of the larynx. But laryngoscopic inspection at once revealed the nature of the case, the leech being seen adherent to the pad of the epiglottis, immediately above the anterior commissure of the vocal bands, extending upward and backward, so that its tail rested on the apex of the right supra-arytenoid cartilage. Notwithstanding the intractability of the patient, whose starts and movements interfered with the first attempts at extraction, Dr. Sota succeeded in removing the animal from its dangerous situation. It appears that while overheated the patient had swallowed a draught of cold water, and immediately experienced a constriction of the throat, followed by the symptoms above alluded to, as well as a continual tickling in the larynx.

Hooping-cough—Eucalyptus.—Dr. Whitthauer reports four cases of pertussis, treated with tincture of eucalyptus globulus, which recovered in a little over three weeks. The dose for children from two to four years of age was five to eight drops. One of the patients, eighteen months old, suffered from well-marked rickets. After taking the eucalyptus for four weeks, not

only was the hooping-cough cured, but the enlarged epiphysis was reduced, and the child, who had never before attempted to stand on its feet, learned to walk. (Edinburgh Medical Journal.)

THE FEEDING OF INFANTS.—Dr. V. Poulain believes that the reason that cow's milk so often disagrees with children is to be found in the fact that cane-sugar is used to sweeten it. In the British Medical Journal, he says that for thirty-three years he has used the sugar of milk with the best results. (*Centralblatt für Klinische Medicin.*)

TINCTURE URAGUARA IN PULMONARY DISEASES.—Several cases of chronic bronchial and pulmonary diseases in which the uraguara (didinamia angiosperma) was used with good effect are reported by M. P. Merlini. (Medical News.) The first patient had symptoms of pulmonary phthisis; after three months and a half of treatment there was only a slight vesicular murmur. The tincture is prepared from the leaves or from the bark of the root, and is given in doses of gtt. v–xx, three times a day, before meals, in a glass of water. The tincture is well borne by the stomach, and its prolonged use produces no digestive troubles. It causes an increase of appetite and an improvement in the general health. Merlini states that, in several cases in which cod-liver oil, iron, lime salts, etc., had given no improvement, he obtained excellent results with the uraguara.

TO STOP HICCOUGH.—The New York Medical Record says that Dr. Shaw, of Cincinnati, states that he has often succeeded in this by following Dr. Kinnaird's procedure, namely: "Place the tips of the fingers of both hands in the position of complete supination against the abdominal muscles, at the lower and outer junctions of the epigastric with the hypochondriac regions. Now make firm and gradual pressure backward and upward against the diaphragm. This pressure should be continued for some little time after the diaphragm has ceased its spasmodic contractions, when the fingers should be very gradually withdrawn."

Notes and Queries.

THE UNIVERSITY OF LOUISVILLE.—The Medical Department of this Institution held its forty-seventh annual commencement on February 28th. The occasion was more than ordinarily enjoyable. The class was of very high average, physically and mentally. It contained some who, if spared to ripen, will leave their mark, many who will fill a large measure of usefulness in the world. One and all their forms aglow with youth, high purpose, and hope, they received, amid strains of inspiring music in an atmosphere of flowers, luminous with fair women, the coveted, long-toiled-for honors of the institution with becoming pride.

They have since scattered to report for duty at their several posts. The radius in which these posts lie reaches from the Northern lakes to the Southern bayous, from the blue-grass to the great wheat-fields, thence to the greater prairies, and thence, again, to the greater mountains, still nearer the "sunset and the baths of all the western stars." Very few of these posts will offer, as you and I know, fresh fields; for the Medicine Doctor—as Drake always read the two letters M. D.—is generally enterprising, and, when young, usually restless. Other posts, again, shall be occupied largely by the "Old Guard"—and are n't you and I coming to know about that corps, too? heroes on a hundred fields—posts where every patient won is wrested from the older men. Others—well, we won't press it—you and I know how it is, how it *was* with us. So, let 's leave the music and the flowers, and the sloping shoulders to the handsome, elastic-stepping, stout-hearted youngsters, while we, feeling the tenderness, touched by the pathos, and yielding to the hope which ever rises in the older breast at the sight of the juniors as they step to the front, will watch and God-speed Youth as he launches his bark on the swift-moving sea of life and smites for the first time

in earnest the "sounding furrows" over which must lie all his future way. And more than this. Should the prow be set to our port, shall we not give him hearty welcome and speak encouraging words to his face and kindly words behind it, receive him cordially into the great brotherhood, and thus, at least, make his road to success the smoother if not the shorter as well? *He* will not forget it. We shall be the better for it. "The old order changeth" oftener than we think for. If the new comer has merit and it be but strong enough, he will win in spite of the "Old Guard," and, as for the matter of that, of any other guards that may stand in his way.

So pass along the Loving Cup, and here's health and work and blessings for all the entries every where of 1884! But, starters, ever carry this prime truth in your hearts, that the Great Stakes fall only to those who work and wait.

The degree was conferred on eighty-four students, as follows:

Agnew, Robert C., Kentucky.
Allen, Thomas P., Kentucky.
Branch, William G., Louisiana.
Baird, John W., Kentucky.
Barnett, Thomas L., Texas.
Barnes, William L., Michigan.
Butler, Henry T., Tennessee.
Book, Hampton D., Kentucky.
Baucum, James B., Tennessee.
Barlow, John R., Texas.
Baldwin, Samuel C., Kentucky.
Comly, John B., Illinois.
Cook, Edgar T., Texas.
Canton, Enrique, Nicaragua.
Crawford, Charles N., Kentucky.
Crume, Thomas M., Kentucky.
Crawley, Vincent C., Texas.
De Armond, Christopher C., Tennessee.
Davis, William K., Missouri.
Fisher, Simeon K., Kentucky.
Gibson, William H., Arkansas.
Green, J. Holt, *M.D.*, Kentucky.
Green, Sidney J., Kentucky.
Gaddie, David W., Kentucky.
Herndon, Benjamin F., Kentucky.
Hoye, Henry D., Missouri.
Hansford, William G., Kentucky.
Hume, Waverly M., Kentucky.
Hawthorne, Jacob, jr., Kentucky.
Haynes, Pugh, Tennessee.
Henrickson, A. M. D., Tennessee.
Johnson, Walter S., Tennessee.
Johnson, Richard C., Kentucky.
Johnson, Benjamin F., Texas.
Johnson, James L., Kentucky.
King, Samuel F., Texas.
Keller, Mitchell S., Texas.
Leatherman, John R., Indiana.
Luse, Frank V., Kentucky.
Littlejohn, Samuel F. W., Texas.
Marshall, U. Ewing, Kentucky.
Miller, Kinney N., Texas.
Moore, William, Kentucky.
Moore, Stephen A. D., Texas.
Maxwell, Benjamin R., Arkansas.
Meacham, John W., Tennessee.
Moore, William G., Kentucky.
McGaughy, Andrew J., Indiana.
McGaughy, Emmett, Arkansas.
McWilliams, James B., Georgia.
McMullen, Samuel D., Louisiana.
Nichols, Thomas B., jr., Kentucky.

Perrine, Benjamin J., Indiana.
Pusey, Charles M., Kentucky.
Prichard, Charles C., Louisiana.
Pennington, William E., Texas.
Poindexter, John M., Indiana.
Purdy, William, Indiana.
Parks, Seth P., Kentucky.
Porter, Arthur R., Arkansas.
Runyon, Frank J., Kentucky.
Redding, Salem M., Kentucky
Rogers, Joseph M., Indiana.
Robertson, Charles R., Kentucky.
Rush, Andrew J., Tennessee.
Spurlock, George L., Texas.
Smith, Wesley A., Georgia.
Smith, Samuel E., Indiana.
Stovall, Richard F., Texas.
Smith, Walter K., Kentucky.
Sasser, John D., jr., Tennessee.
Stucky, Frederick V., Indiana.
Sanders, Hugh B., Kentucky.
Stewart, Josephus P., Kansas.
Sharp, James B., *M.D.*, Tennessee.
Teasdale, Charles H., Mississippi.
Tate, Wistar A., Texas.
Watkins, Samuel S., Kentucky.
Williams, Richard C., Kentucky.
Wolff, Jacob, Wisconsin.
Williams, B. Dudley, Alabama.
Williams, Harvey P., Tennessee.
Wedding, Thomas G., Kentucky.
Yeakley, George W., Texas.

The Roll of Honor, composed of the ten graduates of the highest class standing, consisted of

Charles M. Pusey, M.D., of Kentucky.
John M. Poindexter, M.D., of Indiana.
Kinney N. Miller, M.D., of Texas.
Frank J. Runyon, M.D., of Kentucky.
William G. Branch, M.D., of Louisiana.
Samuel F. King, M.D., of Texas.
U. Ewing Marshall, M.D., of Kentucky.
John M. Meacham, M.D., of Tennessee.
Richard F. Stovall, M.D., of Texas.
Andrew J. Rush, M.D., of Texas.

The prizes were won by the following: First Prize, the Yandell gold medal, named in honor of the late Professor L. P. Yandell, sr., was awarded to Dr. Charles M. Pusey, of Kentucky; the second gold medal was awarded to Dr. John M. Poindexter, Indiana; and the third gold medal was awarded to Dr. Kinney M. Miller, Texas.

In the undergraduate's contest, the first prize, a pocket-case of instruments, offered by Arthur Peter & Co., was awarded to Dr. John P. Bell, Kentucky; the second prize, a copy of Gross's Surgery, offered by John P. Morton & Co., was awarded to Dr. Edwin A. Stevens, Kentucky; and the third prize, a pocket-case of instruments, offered by Adolph Fisher, to Dr. Lewis M. Woodson, Tennessee.

The Alumni address was delivered by Dr. H. K. Pusey, an alumnus of 1847. He said:

FELLOW ALUMNI—The best sentiments of our nature are those that draw inspiration from the old homestead, and the hearth-stone around which our first purposes were formed, and where our highest ambition found expression in the selection of our life-work. Sentiments akin to these, my brothers and fellows of the Alumni Association of the University of Louisville, have brought us together this evening. We come, as the children of a common parent, to render homage to our Alma Mater—to draw inspiration from the memories connected with our early history.

In honoring our Alma Mater we honor ourselves, and cultivate a sentiment of which we are all the better. Then, as one of her earlier born, I appeal to all her sons, from the oldest to the youths who go out from her halls to-day, to aid in placing this Association on a basis that will reflect honor on ourselves, and perpetuate our professional identity, by linking, as we have, indissolubly, our names and our fortunes with the institution from which we spring. The University is attaining an age that will soon reach beyond the memory of her oldest alumnus. It is fast becoming invested with the sanctity that antiquity brings. And yet this Association is struggling for an existence at two years old. This ought not to be. It must not continue to be. It is discreditable to the graduates of the University that it is so. It would be ungrateful should it continue. This organization ought to have been made years ago; ought now to number among its membership the hundreds of names, distributed all over these States, who are reflecting credit on the profession of medicine, and who, in their hearts, do honor the University.

Then come, my brothers, let us put to record the fact, and let it be perpetuated to our children's children, that we are of the Medical Department of the University of Louisville; that we this day, in some degree, take into our hands the keeping of this grand old institution. And while we enjoy the honors she has conferred on us, we will strive to preserve her name untarnished, and each, in his way, will labor to widen her fame and extend the sphere of her usefulness.

Every older alumnus ought to become a member of this Association—every younger one surely will. The changes that time has wrought for us, the faults and foibles that charity and the grave have covered, should leave the older doctor none but pleasant memories to cherish and revive, especially on occasions of this sort. To the

younger members we would say that time will soon clear away the rubbish of the present, with its disappointments and its rivalries, and lend its enchantment to the names and memories of to-day. We trust that you, too, in after years, will be able to point with pride to names on your diploma which have become historic, and say, "These were my masters," and to the University, "This is my mother."

I would be glad if I were able to pass the entire career of the University under review. Food for pleasant reflection might be afforded to every one. But the mind of each individual alumnus turns instinctively to the period when he himself was a student in her halls and listened to the teachings of her faculty; to the circumstances that made up his pupil life; to the impressions he derived at the time from his teachers, and to his recollection of them as men and as masters. I shall therefore claim your indulgence while I speak from this standpoint of a faculty that comes down prominently into the medical history of the country, and of classes many of whom have won distinction as teachers, writers, and practitioners. I speak with the consolation, however, that each succeeding year some other alumnus may tell of faculties and classes which he knew, so that in time all may be passed in review. In pursuing this line of thought, the older may have some advantage in enjoyment over the younger fellows. The work of our early masters, the pioneers, is done. Their fame is now the heritage of all. We can praise, and "none will dare to molest or to make us afraid," for no rival is wounded, no peer is berated. Time has healed all wounds of disappointment. And while ambition has spent its force, let us hope that our sympathies, educated to tenderness by long contact with human suffering, shall enable us to look gratefully to the memories of the past and hopefully to the prospects of the future. We are content to have lived at the period we have; content with our lot in life, with the work we have done and are now finding to do.

In 1837, Drs. Charles Caldwell, John Esten Cook, Charles Wilkins Short, and Lunsford P. Yandell came from Transylvania University, at Lexington, and associating with themselves Joshua B. Flint, Jedediah D. Cobb, and Henry Miller, they founded the Louisville Medical Institute. In 1840, by a charter amendment, it became the Medical Department of the University of Louisville. About this time, Samuel D. Gross, then the rising young surgeon of Cincinnati, replaced Dr. Flint in the faculty, and the philosophic Drake, then lecturing on medicine in the same city, took the place of the celebrated Cook. The fame of these great names, and the central position of this then growing and prosperous city, soon arrested the tide of

emigration eastward, and, having the whole great South and West to draw from, by the end of the first decade the classes of the University equaled any that had ever been assembled in America, and surpassed in numbers any that have since convened in the West or South.

About this time there arrived in Louisville a student of medicine in the person of an inexperienced country boy. He may have been a green and ignorant youth, may have been modest only; but he can never forget the tremulous timidity with which he first approached each member of the faculty. He had never seen one of them before. He had only read of them, and heard them talked of by their pupils. Before them he could not repress the feeling that he was in the presence of the oracles of the divinity at whose shrine he had come to worship. A letter of introduction was handed to Prof. Yandell. His greeting was cordial, but not assuring. He remarked, "Your preceptor is the finest-looking man I ever saw." To this no reply was made. He asked, "How do you reach the city from your place?" "By stage," was the answer. This statement was not all untrue, but it left a false impression. The story was unnecessary, for I have never believed that that great man would have thought any less of me if I had told him that I had walked to the city. There were no railroads in my part of the State at that day.

The impressions made by the faculty of the University in 1847 on a rural youth of this sort may not be of much interest to persons of the present day. We were all boys then, except those of you who have been since. Maybe some of you now are as green as I was then, but the impressions received at that time have never lost their interest to me. I see those here this evening whose memories go back with mine to that period and catch a glimpse of the stately Caldwell, whose muscle and brain had maintained their integrity to an age that all men without discrimination could honor. There was courtliness in the manner of raising his hat to the student as he passed him on the street, or to the class as it awaited him in the vestibule or lecture-room; and the apparently unconscious uncovering of heads always betokened an appreciation of his courtesies and the veneration in which the man was held. A great admirer of nature and nature's processes, Charles Caldwell was nature's nobleman. He had unbounded faith in the "*vis medicatrix naturæ*," and he was always jealous of any invasion of her methods by either chemistry, physics, or therapeutics. To intimate that any vital function was performed according to physical laws, was to ignore the vital force, invade its sanctity, and degrade science. This involved him in numerous discussions on the pro-

duction of animal heat, the circulation of the blood, and other physiological processes. It was his habit to say, "as between nature and the doctor, put the latter out of doors." He was a firm believer in the science of phrenology, or rather in phrenology as a science, not to the extent of manipulating heads, but that the brain was an aggregation of distinct and separate organs or nerve-centers, each organ or nerve-center presiding over a distinct and separate function in the cerebral economy, and that important topographical bearings of brain lesions might be gathered from its study. His faith in mesmerism involved him in the only discussion in which he ever appeared at a disadvantage.

Dr. Short will be remembered as a courteous, polished, and highly educated gentleman. A close student of botany, materia medica, and therapeutics, he taught classes accurately all that was known at that day on these subjects. Apparently unambitious in his nature and retiring in his disposition, he seemed farther removed from the pupil and more inaccessible than any of his colleagues.

Few of his pupils have ever acknowledged any superior to Dr. Cobb, as a teacher of anatomy. With a clear, distinct, and resonant voice, he was an agreeable speaker and forcible lecturer, and invested the dry subject of anatomy with as much interest to students as any man of his day. Cobb was considered the student's friend.

There was no member of that faculty whose teachings and practice his pupils have stood by with more unshaken firmness and confidence than those of Henry Miller. With an impediment in his speech, he only dealt with language to convey his thoughts and facts. The undivided attention he always had of his pupils indicated the value they attached to his instruction. Long live the memory of Henry Miller.

There was no man of his day who exerted a larger influence over the practice of medicine in the Mississippi Valley than did Daniel Drake. An original thinker, a close and accurate observer of facts, an agreeable and forcible writer, and withal an untiring student, he commanded the respect and admiration of his pupils and the confidence of the profession. Much of his power over his classes resulted from the extreme simplicity of his character, his independence of thought and apparent indifference to either professional or popular applause. As a lecturer and orator he was after his own style. His like had not been before, nor has it been seen since. He seemed to give himself up to his subject, to be borne along by it, to be impelled, by the force of his own thoughts, into some of the grandest flights of

eloquence. Dr. Caldwell once said that Drake was the only man he ever knew who set at defiance every known principle of rhetoric, logic, and elocution, and yet was a great orator and grand lecturer.

Of the members of that renowned faculty, all are gone save one. Only two—the late L. P. Yandell and S. D. Gross—survived to a period recent enough for the present generation to form an estimate of them from personal knowledge. Of these two masters I feel justified in saying that no two men, living or dead, ever did as much for medicine and medical teaching in the South and West as these two life-long friends. And though Yandell "be dead, he still liveth," and other generations of doctors will have come and gone before his influence shall have ceased to be felt. No member of that faculty possessed so varied a genius nor wielded so ready a pen. He was a man for any emergency. As simple as a child with his friends and the truth, to error and his enemies he was as terrible as an army with banners. He shone brilliantly and was lovable in every relation of life. As a teacher of chemistry he wielded the apparatus of the laboratory with a master's hand. His experiments and demonstrations never failed. As organic chemistry often led him into the domain of physiology, his modern and progressive ideas always excited the apprehension of his venerable colleague, that the "vital force" was to be ignored and his branch degraded to the level of a physical science. While he was the most accessible member of that faculty, no one commanded more respect from the student, nor knew better than he how to make of him a gentleman as well as a doctor. His influence, always on the side of Christianity, served to exalt and ennoble the profession of medicine in the minds of his classes. As a father, his pupils honored and loved him for the paternal pride manifested by frequent allusions to his son, who was then a fledgling, pursuing his studies in Paris, but is now the distinguished Professor of Surgery in the institution founded by his father. They loved him for the tender address and gentle command of the lithe and active little boy bearing his name, who then stood at his back in the laboratory to supply his wants, but is now the mature man, ripe scholar, and eminent Professor of Theory and Practice of Medicine in the University. No sentiments that these sons have ever uttered have done them more credit or found a heartier response than those in honor of their distinguished and now sainted father.

S. D. Gross, the Nestor of American surgery, is still permitted to linger with us. God bless him! Burdened with the weight of years, with the aggregation of human experience and the honors heaped upon him by a grateful humanity and a loving profession, he still

rests not from his labors. And why should he? Why, indeed, should the world ever be deprived of so much knowledge, so much experience while human suffering continues?

It would not be enough to say that the University of Louisville has ranked well, and that her faculties and alumni have compared favorably with other institutions of the land. This would not do justice to the distinguished names that have been mentioned, and that will be mentioned on occasions of this sort, when the pupils of those who have followed the giants I have named, and those others who have sate under the teachings of Bartlett, Austin Flint, Silliman, Rogers, Eve, the elder Palmer, Bayless, Bemiss, Breckinridge—"he of the golden mouth"—and the strong and gifted, but gentle Cowling, shall come to bring us their message.

Organized by the pioneers of medical teaching in the Mississippi Valley, the University of Louisville has maintained, and let us believe will ever maintain, an advanced position among medical schools; will continue to supply them with teachers, the periodicals with editors, the American Medical Association with its presidents, and the chief cities of the Union with their leading practitioners. This brief review of a very short period in the history of the University has been confined to a mere sketch of my great masters as I knew them, with no intention to undervalue the claims of others who have figured in her history, nor to ignore such additional factors as have increased her strength and usefulness. Be, then, my brothers all, of good cheer, not forgetting that our labors too go to make up the record of her ever-widening fame. And though it is not permitted us all to be great, nor all our names to become historic, we can all be honest and true. We can do, to the best of our strength, the work that is allotted us, so that when the end comes and "He that gathereth the bread from the waters" shall make up his account, we too shall receive a full reward.

PROFESSOR W. O. ROBERTS.—This gentleman will sail for Europe in March. He expects to spend April, May, and June in Great Britain. In July he will go on to the continent. In August he will return to the meeting of the British Medical Association, to be held this year in Belfast. Thence he will go to the International Medical Congress, which meets at Copenhagen, and with another short stay in some of the continental cities, will reach home toward the close of September. During

his absence he has promised to act as the regular foreign correspondent of the AMERICAN PRACTITIONER. We commend our friend and colleague to our friends abroad, who will find in him a most unassuming and cultivated gentleman. He goes abroad to study. Letters addressed to the care of Ernest Hart, Esq., Wimpole Street, London, will reach him.

ALUMNI RECEPTION TO PROFESSOR THEOPHILUS PARVIN, M.D., LL. D.—Under the direction of the Executive Committee of the Alumni Association, a reception was tendered Prof. Parvin, at the St. George Hotel, Monday evening, January 28, 1884. A large number of the resident alumni were present, besides many invited guests. We know we shall earn the thanks of our readers for copying from the College and Clinical Record the report of the speech made by our former editorial associate.

Prof. S. D. Gross, the President of the Alumni Association, took the chair at nine o'clock, and, calling the meeting to order, introduced Prof. Parvin in a brief address, in which he spoke, in most appreciative and complimentary terms, of his ability as a teacher, as a skillful gynecologist, and of his high reputation as an author. He said he had known him for years, and since he had first met him at a meeting of the American Medical Association, had kept his eye upon him; he had noticed the high position he had occupied in Pittsburgh, Cincinnati, and Louisville, the scene of his own former surgical achievements, and he said that he still intends to keep his eye upon him, now that he is in Philadelphia. He declared that Prof. Parvin was now in the plenitude of his powers and full of vigor, with twenty-five years of life and work before him. The selection of the Board of Trustees was the most appropriate one that could be made, and therefore, on the part of the Alumni Association, he welcomed the new professor to our hearts, our homes, and our firesides, and hoped that, finding himself surrounded by friends, he would feel himself at home in Philadelphia. Dr. Parvin rose and said:

Mr. President, and Gentlemen of the Alumni: Suitable acknowledgment of the honor you do me to-night is impossible. The very reception itself, so kindly given, might embarrass any one, no matter how facile of thought and fluent of speech. But you add to that embarrassment by having me presented to you by one who stands among great men as a giant peak among mountains; a man whose brow is richly wreathed with well-won laurels, and whose name and fame are world-wide. Not only this, but he, of noble life and imperial renown, has with that generosity characteristic of magnanimous men, in this presentation referred in commendation to the little work, infinitely little in comparison with his own, I have done, so that I would rather hide from you than make reply. But that would be shrinking from a plain duty; that would be an ungracious return for your great kindness.

It is not for me to bend the bow of Ulysses; not for me to speak the wisdom of Nestor; attempt at either would be vain and foolish. But words of thanksgiving, fresh from a heart full of gratitude, shall be yours. Galileo said that all truth was included in the letters of the alphabet; and so there must be therein likewise included fit speech for this occasion, if one could only pick out the needed letters and put them in proper order deftly, as a printer setting type. I half believe the students of the College had some prevision of my present difficulty, for immediately after my first appearance before them they presented me with Wallace's obstetric forceps, so well-adapted for delivery at strait inferior or strait superior; and did they not thereby suggest that I might be in a strait, and artificial delivery be demanded? Sure enough, that is my position just at this moment. Nevertheless, give nature a chance, and see if artificial delivery can not be avoided.

For more than a score of years the hope, sometimes fading to be a mere dream, and again becoming strong as a conviction, has been mine, that one day I might be counted worthy to be a teacher in Philadelphia; and many an act of my life, many a decision as to my course, has been determined by this hope. Erasmus, in his *Colloquies*, says: Despair makes soldiers and monks. False or true, despair never makes doctors. The doctor must never be a bearer of darkness and despondency in the sick-room; nay, he must bring sunshine and hope, joy and strength, even in desperate diseases wearing a cheerful courage, so that a virtue goes out of him, entering the heart of each one to whom he ministers. He is indeed a sort of life-preserver, and a life-preserver decreases in value as it increases

in gravity. The half-hearted, hopeless doctor never secures the best success for his patients or for himself.

But returning: When, last summer, Professor Wallace, after so many years of successful work, was compelled by ill-health to resign his chair, and almost at the eleventh hour there flashed across the wires to me, in my western home, an authoritative inquiry as to whether I would be a candidate for the vacant chair, I was not surprised, and my answer was ready. Nor when, some two weeks later, the quick lightning told me my election, the event did not astonish me, for, lo! it was but the accomplished fact of my dream, my hope, my conviction.

I left a city where thirty years of my life had been spent, a city that had increased tenfold during my residence, and which is one of the most prosperous and delightful of inland cities in the Middle West; left clients who had been mine for years, clients as grateful and trustful as ever physician had, and who are forever precious in my memory; left a daughter, dear to me as life itself, and whose only misfortune probably was to have married a gentleman who ought to have been a Philadelphia doctor rather than an Indianapolis lawyer; resigned my position in the University of Louisville, a medical school in whose prosperity I feel a deep interest, and which has an able Faculty: among its members are Dr. Theodore S. Bell, a prodigy of vast and varied learning; the two Yandells, illustrious sons of a noble, now sainted sire, one of them so well-known to most of you as one of the clearest and most vigorous writers in the profession, and one of the most eloquent and fascinating orators upon the continent: it was both pleasure and honor to be associated with such men as these, and their colleagues. Ties of no common strength were broken when I left these and other friends; but the voice of duty and of destiny was plain. Nor was my coming to Philadelphia that of a stranger coming to a strange land. My father was a graduate of the literary department of the University of Pennsylvania, and I of its medical department; in this very city my mother was born, though her residence was in an adjoining State, and here she was married; most of my boyhood was passed a few miles from Philadelphia. I came back to familiar scenes and sacred memories, came back to kindred, came back to the graves of my ancestors, so that when my work is done my dust can mingle with kindred dust.

But the generous, hearty welcome—welcome by Jefferson men, by University men, and by those not connected with either school—has been most cheering and delightful. Thank God that there is in this

city of brotherly love such a noble, fraternal love among doctors. Especially was it delightful to find, among those in this city, some of those whose names have been mentioned in connection with the place to which I was elected, and who were worthier the honor, or might have discharged the duties better than I, were among the heartiest in their welcome and kindest in their course to me. May I specify among these Dr. Ellwood Wilson and Dr. Albert H. Smith? The latter was among the first to telegraph his congratulations upon my election, one of the first to greet me upon my arrival, and since then has generously placed upon me a load of obligations which I can neither forget nor repay. I have met every where kindness; I have met not only kindness, but generosity; not only generosity, but prodigality in good deeds and all helpful acts. One of Molière's characters exclaimed, that it rained syringes and women in Paris. I think it rains kind words and deeds in Philadelphia. Again, thank God that there is such a large-hearted, open handed, generous and noble profession as Philadelphia doctors have shown themselves to me.

Gentlemen of the Alumni, you have put me under new bonds tonight. You have put me under the bonds of gratitude; and let my right hand forget her cunning, and my tongue cleave to the roof of my mouth, if I forget him who does me a good. You have strengthened the bonds made mine when taking the Chair of Obstetrics and Diseases of Women in Jefferson College, a chair that had thrown upon it for so many years such resplendent brilliancy, it was justly held to rival any other chair in this or in any other school upon the continent.

Heaven helping me, I will be true to the trust, and so far as possible, faithful to all its glorious traditions.

After this the collation was enjoyed, and the company, after conversing in groups, finally adjourned, about eleven o'clock. The following telegraphic dispatch was received and read during the evening:

To Dr. Samuel D. Gross: Please offer this at the banquet: "To your guest. A ripe scholar; a graceful writer; a charming lecturer. The West gave him to the East with regret, but accepts it as another evidence that the East, in asking for him, is coming to recognize that there is a country west of the Alleghanies and the Blue Ridge full of men." D. W. YANDELL.

Among the letters received by the Committee was the following from Prof. Fordyce Barker:

To the Alumni Association of the Jefferson Medical College:
I would gladly make any personal sacrifice to join with you in doing honor to one whose personal character, whose brilliant talents and thorough scholarship command the warmest esteem, not only of his personal friends, but of all familiar with medical literature. I heard no news this summer which gave me so much pleasure as that Dr. Parvin had been called to the Jefferson Medical College, a field worthy of his best efforts, and I am not surprised to see this manifestation of the appreciation which he receives.

Very sincerely yours, FORDYCE BARKER.

A CARD—A MISREPRESENTATION CORRECTED.—In the Louisville Commercial newspaper of the 2d inst. appeared an open letter addressed to Dr. D. W. Yandell by Dr. William H. Galt, of this city, which has since been published in the "Medical Herald," of which he is one of the editors. In this letter he goes out of his way to make an unprovoked attack upon me. He alludes to me only under my present title, Professor of Obstetrics in the University of Louisville, and among other things charges that while I occupied a chair in the Kentucky School of Medicine and was its dean, I became, and am now, a defaulter to that institution.

The mere exhibition of personal rancor contained in this letter I pass over.

The only charge against myself which I deem it worth my time to notice is that which refers to my financial relations to the Kentucky School of Medicine. The funds which passed through my hands during the years of my deanship amounted to between twelve and sixteen thousand dollars per annum. When I withdrew from the institution, in 1882, an incomplete adjustment of accounts took place. My statement rendered to the Faculty showed them indebted to me to the amount of fifty cents. Neither my former colleagues nor myself considered the accounts between us as formally or finally closed. But we both knew that the difference, if any, between us must necessarily be

trifling, and so, while a concluding settlement could have been had any day, it was simply neglected. According to the statement, furnished at my request by my old colleagues within the past few days, which I now append, it appears I was indebted to them in the sum of seven dollars and twenty-eight cents.

LOUISVILLE, KY., March 4, 1884.

PROF. JOHN A. OCTERLONY, M. D.:

Dear Doctor—Your note, together with your account against the School, just received. We find, by comparing the same with the School's account against you, as per the Auditing Committee's report, that there is a difference of seven dollars and twenty-eight cents in favor of the School.

Yours truly, J. M. MATHEWS, M.D.,
M. F. COOMES, M.D.,
HY. ORENDORF, M.D.,
SAM. E. WOODY, M.D.,
W. H. WATHEN, M.D.

I now hold the treasurer's receipt for this pitiful sum.

Having shown by the above statement from my former colleagues that the writer of the "open letter" had no just ground for his accusation, I here leave the matter with the public.

JOHN A. OCTERLONY, M. D.

MEDICAL ART.—The word "art" is probably derived from the Greek αρετη, signifying *goodness, excellence, power, force;* it is, indeed, in medicine, its practical goodness, excellence, power, force. Increase in medical science is the enlargement of medical art. Science, knowledge organized in a system, a body of truth, reasons, but art acts; science has laws, art has rules; science does head-work, art hand-work; science asks *why*, art knows *how;* in medicine the one is the necessary complement of the other. (Theophilus Parvin.)

THE PHYSICIAN AS A MORALIST.—How much the family physician can do to set lives right morally as well as physically; to allay social discord, to correct misunderstandings, to comfort the sorrowing, to give garments of praise for the spirit of heaviness,

to rouse a slumbering will, sometimes to reclaim the profligate, enforcing the highest lessons of virtue from the penalties of disease, in short to make men, women, and children healthier, happier, better. (*Ibid.*)

"First Country Doctor: 'Could you come to my place, Brown, to-morrow morning?' Second country doctor: 'All right, old man. What it?' First country doctor: 'Well, I've had a case of endocarditis which I've very successfully treated with convallaria majalis, and I want your help with the post-mortem.'" (Punch.)

Not Enough either Farms or Plants.—The plan of young doctors, unsuccessful doctors, and doctors with leisure on their hands cultivating drug farms has been suggested. There are, doubtless, many medicinal plants in this country which could be cultivated with profit, even on a small scale. (Medical Record.)

Nightcaps and Dreams.—Dr. J. Mortimer Granville, of London, has been urging the use of the nightcap as a preventive of dreams. Apropos, a correspondent of the New York Times urges the use of the corset as a preventive of "taking cold."

One hundred and fifty children are said to be suffocated yearly in England by sleeping with their parents; in Germany parents are not allowed to have children in bed with them. (Md. Med. Journal.)

A Connecticut druggist, the interior of whose laboratory was in flames, discharged into it the contents of a fountain of soda-water, with complete success in quenching the fire.

The brain of Carey, the Irish informer who was killed by O'Donnell, weighed sixty-three ounces, which is more than the weight of the brains of Cuvier and Webster.

A cancer patient living thirty-nine days and fourteen hours, supported wholly on water and morphine, is reported in the British Medical Journal.